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## LECTURES ON SURGERY,

DELIVERED BY

## MR. WARDROP.

### ON SURGICAL OPERATIONS.

*Causes of Danger in Operations—Operations on Persons of different Constitutions—On Scrofulous Persons—On Gouty Persons—Operations on Persons of different Temperaments—On Infants—Children—and Adults.*

IT was remarked in the Introductory Discourse, that notwithstanding the advancement which medical science has made during the last century, a vast number of operations are yet daily performed without success, the fatality of which is attributable either to the surgeon not possessing a competent knowledge of his professional duties, or from his having a predilection for the performance of operations. The practice of executing unnecessary operations, and the theatrical effect which is too often made of them in public hospitals, I have already endeavoured to reprobate, and I am sure that you all will heartily join me in stigmatizing a custom so disgraceful both to surgery and to civilized society.

The failure of operations from want of due consideration of all the circumstances which exist in individual cases, is, however, I must hope, more usual than from the vicious habits to which I have just alluded; for these are causes which, to a certain extent, it is in your power to obviate. I now propose, therefore, to consider,

1st. The causes which render operations more than usually dangerous, or altogether improper.

2ndly. The treatment which should be employed previous to their performance.

3rdly. The mode of conducting them.

4thly. The causes of their fatality; and,

5thly. The treatment of the patient after their performance. I am not aware that these very important subjects have hitherto been discussed in a special manner by any writer, though in the accounts of different diseases which require operations, in systematic works, you will find some useful observations under the head of particular operations. I therefore hope, that by collecting and arranging the observations which I have made on these interesting points, and by bringing them at once under your view, I shall not only be enabled to explain very fully some important doctrines, but shall prevent the necessity of again entering thereon, whenever particular operations come under our consideration.

#### *Causes of Danger in Operations.*

With regard to the causes which render the performance of surgical operations more than usually hazardous, or altogether improper, they may be stated to arise either from, 1st. Peculiarities of constitution; 2nd. Peculiarities of temperament; or, 3rd. The period of age.

I need scarcely observe, that when a patient is out of health, or is suffering from constitutional disturbance, it cannot be expected that any operation will be undertaken under the same favourable circumstances as if he were afflicted merely with the local ailment which the operation is intended to remedy.

The first point, therefore, which the surgeon has to determine, when the time for the operation becomes matter of discussion, is, whether it be necessary that the operation should be performed without delay, or whether it can be deferred until the patient's general health is improved. If delay be not admissible, then you must trust to the after-treatment, whilst, on the other hand, if the disease be of such a nature that no unfavourable change can be anticipated to render the operation less precarious, even though some time be taken to restore the patient's general health, then there can be no doubt of the propriety of delay.

Few of the more severe and dangerous operations are ever necessary wherein you will not find that the patient has time to undergo a sufficient preparation, and I have always found this previous treatment

so requisite for the subsequent recovery, and to contribute so essentially to the quickness of the cure, that I would particularly direct your attention to this circumstance.

In what are usually called the lesser operations, you may every day observe the truth of this exemplified. Comparatively trifling wounds are more tedious in healing, (from want of the patient having submitted to a rigid preparation,) even than those which are made in serious operations, wherein the patient had undergone a previous requisite treatment.

As you may readily conceive that the same operation will have very diverse effects on individuals whose constitutions are different, every constitutional peculiarity, whether arising from hereditary taint or other disease, ought, therefore, to be maturely considered before performing any operation.

*Operations on Scrofulous Persons.* — In those instances in which you expect the wound to heal by adhesion, such as in amputations, I have never observed that persons of a scrofulous diathesis recovered less speedily than others; but, as far as my own experience has taught me, the circumstance of patients having a scrofulous constitution ought not to dissuade us from advising them to submit to operations.

In considering the propriety of operations on scrofulous subjects, it is important to inquire whether or not the affection of the part to be removed, such as a scrofulous limb, is the only existing disease. We should ascertain whether some internal organs be not also affected, more particularly those which are immediately connected with life. How often have scrofulous limbs been removed when the patient had tubercles in the lungs, and where the fatal result of such operations might have been anticipated! There are cases where scrofula affects a joint, in which it may be proper to operate, from the risk of the disease in the joint destroying life, though the patient may at the same time also have other scrofulous affections, such as superficial scrofulous sores, or glandular swellings in various parts of the body, all which are as likely to be cured after the limb has been removed, as before the operation.

There are also scrofulous cases where the patient recovers from the operation of amputation, even after his strength and flesh have been so much reduced, and hectic fever has been so severe, as to make the propriety of the operation at first doubtful; yet no sooner is the limb in such cases removed, than all the febrile symptoms subside, and the patient is rapidly restored to health.

*Case.*—I removed the limb of a youth who had become extremely emaciated, and had suffered years of torture from an extensive scrofulous disease in the knee-joint. He had not known sleep for many months previous to the operation. Though he suffered great mental agitation, yet the comparative comfort which he experienced immediately after the operation was such, that he slept and spent the most tranquil night he had done for many months. The wound healed by adhesion, and his general health daily improved.

The state of the system in cases of cancerous disease will also merit particular examination before deciding on any operation, for though scirrhous tumours may with propriety be removed when the disease is merely local, the extirpation of such tumours is highly improper when any other part of the body is contaminated, or when secondary symptoms have commenced. It is quite possible to prevent the contamination of the system by the excision of a primary syphilitic sore; but no one would expect, if a bubohad formed, or any other secondary symptom had supervened, that the excision of the primary sore would then cure the disease. Though it happens rarely, yet, still, there are surgeons who will endeavour to effect the cure by such means,—who will remove the mamma when the absorbent glands are contaminated. Cancer of an external organ often coexists with a similar disease in some internal organ, and hence the necessity of investigating the state of the thoracic and abdominal viscera in all cases of cancer where an operation is contemplated.

*Operations on Gouty Persons.*—There are no individuals whose constitutions so materially modify the effect of surgical operations as those of an arthritic or gouty diathesis, and I shall draw your attention in a particular manner to this subject, as two diseases, each of which requires the most difficult and the nicest operation of surgery for their cure, both occur most commonly in gouty subjects. I allude to stone in the bladder and to cataract.

It is of much importance in the practice of surgery to be familiar with the phenomena and treatment of *Gout*, as the existence of the arthritic diathesis in patients may not only frustrate the objects of operations, but it will modify the effects of injuries; and although, from the accounts which you will find in systematic works, you may be led to suppose that gout is very limited in the number of parts which it attacks, yet I hope to convince you that it affects several organs and tissues, of which no detailed account has yet been given. Indeed I am persuaded, that the

existence of gout in the system is by no means an uncommon cause of the failure of operations.

I have remarked that persons of a gouty habit who receive external injuries have the effects of such injuries modified by the arthritic character of their constitution. I have seen many cases of injured joints, in which, after the active inflammatory symptoms were subdued by depletion, a new class of symptoms has succeeded, — symptoms which do not yield to a continuance of such treatment, but which are relieved by the use of those remedies for gout, the action of which is deemed specific, when gout affects other parts of the body.

*Case.*—A lady suffered a severe sprain and laceration of the carpal ligament. The inflammatory symptoms which supervened, yielded in a few days to copious leeching, fomentations, and poultices. Without any evident cause, she was in a short time after seized with pain and tenderness in the injured parts, which neither bleeding nor poultices relieved. She continued for six weeks to try a variety of astringent applications, evaporating lotions, ointments, bandages, and blisters, without relief. At this period I found considerable œdema of the fingers, wrist, and fore-arm, tenderness and redness of the integuments, and there was a good deal of constitutional disturbance, marked by febrile symptoms, a white tongue, and irregularity of the bowels. In this condition I gave her the colchicum, combined with magnesia, and continued it for a week with the most decided benefit. In ten days the affection of the skin had subsided, and the swelling of the wrist was reduced to the state in which it had been previous to the attack, arising from constitutional irritation. I have seen many similar cases, in all of which a peculiar inflammatory state came on subsequent to the immediate effects of an injury, and which state appeared to arise from the patients having a gouty diathesis, the symptoms yielding to the usual remedies for gout.

Instances, too, occur, where a person labouring under gout receives an injury in another part of the body, the gout immediately attacking the part thus injured. Hence may be deduced the practical lesson of bringing the gout from an important or vital organ to some less important part of the body, by producing an artificial irritation in that part. Gout in like manner may be observed to attack a wound made during an operation, and hence it is of importance to inquire, before performing an operation, whether or not the patient ever had gout, or has any of the characters of an arthritic diathesis. If it appear that he is subject to gout, then ought all gouty symptoms to be subdued before the operation is undertaken. It was the practice of the late ingenious Beer to apply a large blister to the leg, or a mustard-poultice to the foot, after performing the operation for cataract on a gouty patient, in order thus to create a greater degree of irritation in an extremity than was caused by the wound in the eye; and in the event of any gout being present in the system, he thus transferred the irritation to the limb and prevented the eye from being attacked by the gouty inflammation.

*Case.*—An Illustrious Personage submitted to the removal of an encysted tumour of the scalp, which was particularly troublesome, both from its position, and from an occasional fetid discharge from the sac. The tumour was dissected out, but the patient was much irritated by the unexpected severity and duration of the operation. Inflammation of a decidedly arthritic character appeared in the wound. Great apprehensions were now entertained as to the success and safety of this apparently trifling operation, and the attendants were not relieved from anxiety, until the patient's knee was severely attacked by the gout, after which the inflammation of the scalp quickly subsided.

*Case.*—I removed a large sarcomatous tumour from the nape of the neck of a gentleman who had come from India purposely to have the operation performed. He appeared in perfect health, and after having lived quietly for a few days, and taken some purgatives, the tumour was extirpated. The lips of the wound were accurately approximated, and one suture was sufficient to keep the edges of a large crucial incision in contact. The wound was covered by no other dressing than a piece of lint. In the evening there was great febrile excitement, with tumultuous action of the heart, but the wound was neither red nor painful. Next morning he had a sharp attack of gout in the great toe, and the increased action of the heart was abated. The common treatment for gout was employed. The wound caused no local inflammation, healed by adhesion, and did not require any subsequent dressing.

The observations now made regarding the peculiar effect of wounds in gouty people, apply also to those persons who happen to be afflicted with *Rheumatism*. I have in many cases observed serious effects of injuries in persons who, at the time of receiving the injury, were suffering from rheumatism.

*Case.*—In order to extract the cataract from the eye of an old lady, I punctured

the cornea; and when the knife had entered the anterior chamber, I perceived that its point was bent, so that I withdrew it instantly, and postponed the operation. Notwithstanding the slightness of the cause, she became extremely feverish the same evening, complained of severe pains in the back of the neck and shoulders, and on the following day the eye suffered an attack of rheumatic inflammation. On inquiry it now appeared that she had fatigued and over-heated herself in walking about in the morning of the day on which the operation was performed, and afterwards felt a chill.

I have repeatedly met with instances of persons receiving wounds or injuries, when, at the time, they happened to be afflicted with rheumatism, and where the injured part was attacked with rheumatic inflammation. Cases of this kind are more striking when they occur in the eye than in any other organ, from the circumstance of their being brought completely under our examination. The constitution is also variously modified in different people, from their various modes of life; and, as you must be well aware, persons who live intemperately, and those who are exposed to much worldly excitement, ought to be considered unfavourable subjects for any surgical operation.

*Operations on Persons of different Temperaments.*—The differences to be remarked in the temperaments of patients are also deserving particular attention, when contemplating the propriety or danger of surgical operations. Some people can endure severe pain without much excitement, whilst there are others who, though they possess great moral courage, yet can ill endure bodily pain. There are many instances of medical men who can bleed themselves, and can even extract their own teeth. Operations on the first class of patients are of little danger, when compared with the same operations performed on those of the second class.

It is usually found, that those patients recover best, who, previous to being operated on, have suffered long and protracted pain, and are much debilitated. That it should be so, may be explained from the circumstance, that such sufferers are usually urgent in seeking relief, when their previous pains render them patient to suffering, and make them think less of an operation. The debilitated state of their frame, as I shall afterwards have occasion more particularly to mention, also renders them much less liable to inflammatory attacks after an operation such being perhaps the most frequent cause of its failure. Those patients, on the contrary, who are of a *sanguineous* temperament, who appear to be in the bloom of health, and who have an athletic form, are much more dangerous subjects for operations than the feeble and debilitated, and ought never to become the subjects of them, until they have gone through a careful preparation. You may have ample evidence of the truth of this observation in the practice of veterinary surgeons and agriculturists, in the treatment of domestic animals, who, before they perform operations on them, invariably deem it necessary to put the animals through a certain process of preparation, and reduce their strength before the operation is performed.

Fat people, and those of large size and stature, are always to be considered as more or less unfavourable subjects for operations. It is never prudent to attempt to reduce such persons much beforehand, nor can they bear considerable depletion after an operation. This is particularly the fact in cases of lithotomy, fat and corpulent patients being much more unfavourable subjects for that operation than lean people, and those of moderate bulk.

Patients of *nervous temperaments* are by no means eligible subjects for operations. The nervous system is very differently developed in different persons, and is much more easily excited in some than in others, while in those who are extremely susceptible of nervous excitement, operations are proportionably dangerous.

You ought to make a nice distinction between those patients whose nervous system is strongly developed, and those who have little moral courage, or who are easily impressed with fear. The physical frame of the former may directly suffer more or less severely from the pain of an operation, but if they be of a cheerful disposition they soon recover; whereas, when a person has an impression that the operation to which he is to submit is one of great danger, you should consider his recovery doubtful. I have often seen this exemplified in operations. The same fact as regards diseases is well known in common life, and you will often hear it remarked of persons going to the East or West Indies, or to a climate where particular diseases of a dangerous description attack Europeans, that those who, before they are so attacked have an impression that they will die of the disease, almost invariably fall a sacrifice. The same effect of moral impression is exemplified in the field of battle, where it is observed that the wounded of the victorious army recover much better than those of the vanquished. I have heard military officers remark the striking difference apparent on visiting

the hospitals of two contending armies. In the one exhilaration and good spirits, in the other a remarkable depression, reigned among the wounded soldiers; for the same reasons those who are wounded in duels do not recover so well as those who receive a wound of equal severity under other circumstances, in consequence of the moral depression usually connected with such combats.

On the other hand again, we see persons undergo great pain with little injury to their constitutions. This is particularly exemplified in the female during her confinement. Women often express great fear of the danger of their approaching parturition, and augur its fatal consequences, but when the period arrives, it is extraordinary to witness with what courage they endure the agonies of child-birth, and immediately after the child is born, the mother, ravished with joy, forgetting all her past sufferings and former fears, clings with rapture to her infant!

Now the same effect of moral depression may be observed in those who become the subjects of surgical operations. In proportion as the mind of a person is depressed before an operation, and in proportion to the magnitude and severity of that operation, in the same ratio ought you to estimate its danger. Any impression of danger which the patient may have, ought not to influence your conduct, provided you are aware the operation can be undertaken without any risk to life. But if it be an operation of such magnitude, that from experience you know it sometimes to be the cause of death, then if the patient have any strong impression, and is convinced, that death will ensue therefrom, I would advise you to proceed with great caution, even though the case appear in every other respect to be a most favourable one.

There are many instances to be found on record, and I have myself met with some remarkable illustrations, of this influence of the mind on the result of operations.

*Case.*—I took out a scirrhous tumour some time ago from the mamma of a lady, who, in other respects, appeared to be in perfect health. The operation was determined upon four days previous to its being performed, and not having seen her during the intermediate days, when I came to perform the operation I was amazed to observe not only a most appalling expression in her countenance, but that she had lost a great deal of flesh, and, in place of her natural colour, had a leaden hue. Sir Astley Cooper, as well as myself, had considered it a most favourable case for an operation, the tumour being small and distinctly circumscribed, and the lady having made up her mind to submit to the operation. I saw no sufficient reason for its postponement. It was accordingly performed. Fearing that I might deceive her as to the time I assured her it would occupy, she displayed unusual anxiety, and made her female attendant count the time with a watch. It was performed within three minutes, such was the simplicity of the dissection. Yet, instead of expressing satisfaction, as is so usual for a patient to do under such circumstances, her mind seemed to continue in the same state of depression. She was put to bed, appearing very unquiet; her pulse remained feeble; and notwithstanding the administration of a large dose of calomel and repeated doses of opium, she passed a disturbed night. The wound healed by adhesion, and did not give her the smallest uneasiness; but the pulse never acquired its natural volume; her tongue became greatly furred; a portion of skin and subjacent cellular membrane at some distance from the wound and towards the loins, was attacked by erysipelas, and on the sixth day she expired. The relatives around her remarked, that from the time she made up her mind to submit to the operation, she was never seen to smile, and, to use their own language, she appeared to them from that period until the operation was performed, "to lose flesh by the hour."

*Case.*—The mamma of a patient in the Hospital of Surgery, was removed on account of scirrhus, and, without any apparent cause, a violent erysipelatous inflammation attacked the wound when it was nearly healed, and she died. After her death it was found out that she had been exposed to severe mental affliction previous to the appearance of the erysipelas, and, what was remarkable, her sister not long before had also suffered a violent attack of erysipelas in her face, which came on after a sudden fright she received from witnessing the clothes of a person catching fire.

The conclusion to be drawn from such cases is, that in all operations which more or less directly endanger life, we are never to disregard the state of a patient's mind, and I have seen enough to teach me how improper it is to operate when the sufferer has any very serious apprehensions on this subject, more particularly when the operation admits of delay.

The operation of lithotomy is one wherein, perhaps more than in any other capital operation, you may observe this powerful influence on the mind. Not long ago I performed this operation upon a boy, under, as I conceived, the most favourable

circumstances; yet he died on the 20th day without there appearing any distinct cause for his death. I afterwards discovered, however, that he had himself considered his recovery hopeless, and that this event had been strongly impressed on his mind by his mother taking "farewell" of him, and assuring him that they would never meet again!

When you are contemplating the propriety of operating, and find the patient greatly under the influence of fear, there is one important point to consider, as it ought materially to guide your judgment, and that is, to discover whether the patient's fear arises from the dread of the temporary pain of the operation, or of its consequences. If he merely dread the pain, then may you with confidence adopt the measure, using such means as I shall afterwards point out to alleviate his sufferings. On the other hand, if he entertain an impression that the operation will cause his death, you ought then only to undertake it with the full conviction and precaution of this additional source of danger before you.

*Case.*—I operated on a patient who proved to be in deep affliction before the operation of lithotomy, and had I not been satisfied by conversing with him that he had no fear of the result of the operation, but merely dreaded the pain, I would not have performed it. The stone happened to be extracted with great facility, and he quickly recovered.

*Case.*—An old soldier applied at the Hospital of Surgery on account of a very diseased tibia which he had had for many years, and which made his life miserable. On advising him to have the limb amputated, he left the hospital, but returned in a few days to request the performance of the operation; I declined acceding, under the belief that he was wanting in courage, and that it might prove fatal, but instead of this I found that he had gone home, not for the purpose of making up his mind to endure the pain of the operation, but to prepare himself by a due attention to his religious duties in the event of a fatal result. The operation was accordingly performed, he bore it without a murmur, and from the serenity and tranquillity of his mind his recovery was unusually rapid.

*Operations on Persons of different Ages.*—The effects of operations are also considerably modified by differences of age. As far as my own experience has taught me, the result of the operations which I have performed on *infants*, does not warrant me to consider them as so much more dangerous than operations on *children*, as I am well aware some distinguished surgeons have conceived them to be. I generally prefer operating on infants a few days old than when they have reached a more advanced period, and you may have now an opportunity of seeing a case, in the Hospital of Surgery, of an infant with a double hare-lip, in whom the operation was successfully performed on the tenth day after birth. I have always preferred operating in such cases at this early period, and never have had occasion to regret it. I have also, in an infant only six weeks old, tied the carotid artery for a dangerous nævus, and the operation created less irritation than any one of equal magnitude that I ever saw in an adult, the infant being sent out of doors with its nurse four days after the operation, and it sufficiently recovered to return home, a distance of sixty miles, thirteen days after it had been performed. Operations, I would say, create, in general, less inflammation in infants than at any other period of life, except in very old people; and it is a circumstance worthy of notice here, that circumcision is performed by the Jews on the eighth day after birth.

Infants are sometimes destroyed by the loss of even a very small quantity of blood, so that every caution should be taken, in operating on them, to limit as much as possible the loss of blood. Hence the danger of applying leeches to young children on parts of the body where the bleeding cannot be readily stopped. On extirpating a nævus, some years ago, from the cheek, the infant expired after losing what then appeared to me to be a very small quantity of blood; and the same accident once happened in an operation for hare-lip. The wound having bled very freely during the operation, and no means being taken to administer stimuli, the child expired in the evening of the day on which the operation was performed.

The only circumstance of importance to be particularly attended to, when operating on an infant, is the management of the *nurse*. I am convinced that, in many cases where operations on infants have proved fatal, the death has been caused by changes produced in the nurse's milk, in consequence of the mental agitation which, as you may suppose, is often produced in the mind either of the nurse or the mother, when an operation on her young charge becomes necessary. I have seen several remarkable instances of this kind, and similar cases are recorded by authors. The first case which came under my own notice, took place some years ago in an infant from whom I had removed a small, very hard, tumour, which was situated behind the ear. No fever or inflammation supervened; and after suppuration had been established, and the

wound was granulating in the most healthy manner, the child died suddenly of convulsions. On inquiry, I found that the mother had been thrown into a violent fit of passion late at night, and that she suckled her infant soon afterwards, immediately subsequent to which the fatal convulsion succeeded. In another instance I was sent for in great haste to see an infant in a convulsive fit, and on inquiry found that the nurse who was employed to suckle her infant had been guilty of some misconduct, for which she had been severely reprimanded. Soon after this mental agitation the infant was suckled by her, and that occurrence was followed by the convulsive attack referred to. The late Sir Richard Croft, who had the immediate care of this child, informed me, that he had frequently known similar cases, and that all the mischief was to be attributed to the pernicious effects which moral excitement produces on the *milk* of the nurse, an effect with which, in some degree, every one is familiar. Mr. North in his treatise on the "Convulsions of Infants," makes allusion to this circumstance, and has mentioned examples of it.

Ever since the occurrence of the cases now mentioned, I have considered it of great importance to arrange, previous to an operation on an infant, how the nursing was afterwards to be conducted, and have taken care that neither the mother nor the hired nurse should be agitated by the screams of the child, or that if they be at all alarmed by them, the child shall not be allowed to suckle until all effects of such agitation have ceased.

Operations on the youth or adult are more dangerous than on the infant or on aged people, and the risk arises from the greater chance of consecutive inflammation. In them, therefore, it is particularly necessary to go through a system of preparation, and not to have an operation performed hastily, if necessity do not demand one, but to wait until a favourable period arrives.

With regard to old people, it is a mistaken opinion, that a person is too old to submit to an operation. The operation for cataract, cancer of the lip, and similar affections, I would much prefer performing at the most advanced periods of life, and my reason is, that these operations create in old people much less inflammation, while to secure their success it is essentially requisite that little inflammation should follow, and that the wounds be cured by adhesions.

I shall next consider the treatment to be employed previous to performing operations.

NOTE ON THE

## RETE MUCOSUM

OF THE SKIN; WITH A THEORY OF

## ALBINISM.

*By* THOMAS WHARTON JONES, *Esq., Surgeon, Edinburgh.*

THE *rete mucosum* is that part of the skin which is the seat of colour. In the skin of the negro, in which its structure is most easily studied, it may be distinctly observed to be composed of a brown substance interposed between two layers of a white colour, called, by Gaultier, the internal and external albugineous tunics.

When examined by the aid of a microscope, it presents a reticular appearance, which, however, exists only in its inner surface, and is merely the result of the impression of the papillæ of the dermis. This is well illustrated by the skin of the cetaceous animals, in which the rete mucosum is very thick, and is reticulated on the inner surface only, by a series of deep depressions which receive the very large papillæ of the dermes. The reticular appearance being therefore not essential to its organization, the name *rete mucosum* might be well superseded by that of the *pigmentous layer of the skin*. The rete mucosum is the seat of colour. In the negro it contains a great quantity of colouring matter; it has less in the white person, and none at all in the albino.

I have shown in a paper, published in the *Edinburgh Medical and Surgical Journal* for July, 1833, that the pigmentum nigrum of the eye is deposited in a membrane of a peculiar structure, the development of which is in a direct ratio to the quantity of colouring matter it contains. I have also shown that in the albino animal, in which there is no colouring matter, that the membrane is at its *minimum* of development. So it is with regard to the rete mucosum of the skin; it is highly developed in persons of colour, less so in white persons, and at its *minimum* in the albino.

By recent researches, the different parts of animal bodies have been proved to pass through certain degrees of development before arriving at complete maturity; it has also been shown, that many of the congenital malformations observed in animals are owing to an arrestment of their development. So it is with ALBINISM, which I conceive to be dependent on an arrestment in the development of the *pigmentous membranous system* of the body, by which it is rendered incapable of secreting colouring matter.

11, Forres-Street, Edinburgh,
9th July, 1833.

VIEW OF

# BARON ALIBERT'S CLASSIFICATION

OF

# DISEASES OF THE SKIN.

*By* JOHN PAGET, *M.D.*

(Continued from page 496.)

## GROUP IV.—*SERPIGINES.*

This group is composed of chronic diseases, rarely attended with much pain, consistent with a perfectly healthy performance of all the vital functions, and particularly characterised by a disposition to spread insensibly or creep (*serpit per totum corpus*) from one part of the surface to another. These affections are but little influenced by treatment, and after having been once established, are particularly liable to return. They are not confined to any age, sex, or condition.

GENUS 1st, HERPES. (*Lepra and Psoriasis*, Willan.)—A disease characterized by a collection of very minute serous vesicles, terminating in scurfs or scales forming one or more irregular patches, on one or more parts of the integument, and attended with more or less itching. Generally unaccompanied by fever. These patches may increase in size, by gradually and insensibly extending themselves over the surface, or they may entirely disappear in one part, and show themselves afresh in another.

*Species a, H. furfuraceus; b, H. squamosus.*—The first species includes two varieties, *Herpes furfuraceus volaticus*, so called from the facility with which the powdery scurf detaches itself from the skin; and the *Herpes furfuraceus circinatus*, from the round patches which it usually forms.

Species *b*, includes five varieties, 1. *Herpes squamosus madidans*; 2. *Herpes squamosus scabioides*; 3. *Herpes squamosus obiculatis*; 4. *Herpes squamosus centrifugus*; 5. *Herpes squamosus lichenoides.*

GENUS 2nd, VARUS. (*Acne*, Willan.)—A disease essentially characterized by spots, pustules, tubercles, or excrescences, of various form, size, and figure, which alter the features and modify the skin of the face in various degrees, and which may extend also to other parts of the body.

*Species a, V. comedo vel sebaceus* (*Acne punctata*, Willan); *b, V. miliaris vel frontalis* (*Acne simplex*, Willan); *c, V. hordeolatus; d, V. disseminatus; e, V. gutta rosea* (*Acne rosacea*, Willan); *f, V. mentagra* (*Sycosis*, Willan.)

GENUS 3rd, MELITAGRA. (*Impetigo*, Willan.)—An affection marked by an eruption of small pustules, sometimes distinct and disseminated, sometimes confluent and congregated in clusters, yielding a sero-purulent secretion, which coagulates on exposure to the air, and forms yellow incrustations or scabs, in appearance precisely resembling concrete honey, or the gum which exudes from certain trees.

*Species a, M. flavescens; b, M. chronica.*

GENUS 4th, ESTHIOMENOS. (*Lupus*, Willan.)—A disease most frequently characterized by a tuberculous inflammation, attended with itching, redness, and heat. The most remarkable phenomenon of the disease is, its disposition to corrode or *ulcerate* the skin and subjacent tissues, either by confining itself to one spot, or by passing successively to different parts, in a creeping and tortuous course.

*Species a, E. terebrans vel perforans; b, E. ambulans vel serpiginosum.* The first species is generally confined to the face, and is particularly apt to attack the alæ of the nose. The second may invade any part of the body, and is often seen on the neck, breast, loins, and abdomen, as well as on the upper and lower extremities.

### REMARKS.

This group includes those diseases which in France are commonly known under the name of *Dartres*, and which were formerly known in England under a corruption of the same word, *Tetters*, though the term is now almost obsolete. Diseases, however, so common will have vulgar names, and the uninitiated have, therefore, called them *scurvy*, from the scurf or scale which is so often seen in this group. The would-be-wise doctor has again corrupted this simple term into *scorbutic affections*, and thus united them to a totally different disease; while Willan, to complete the confusion, called the most common form *lepra*, a name at which biblical history has taught us to tremble. It would not be difficult to show that this strange misnomenclature has had its effect in leading astray many of our brethren, among whom the persuasion of the hereditary descent, and the incurable nature, &c. of these complaints is far from rare.

The genus *Herpes* might at first sight be thought to include diseases of very different characters; since it comprises, in addition to the genera *pityriasis*, *psoriasis*, and *lepra*, of Willan, some forms even of *impetigo* and *eczema*; but if the opinion of M. Alibert be correct, that the disease commences with "minute serous vesicles,"

and that the formation of scales is only secondary, the arrangement is perfectly natural and correct. Bateman himself remarks, that *impetigo* in its advanced state is "daily mistaken for *psoriasis* or *lepra*;"—"but," he continues, "the scaly diseases emit no fluid, and the very existence of a discharge, however slight, is sufficient to determine the diagnosis of the eruption." We can ourselves speak with confidence to the error of this test, of which any one may convince himself, by wrapping in oiled silk, so as to prevent evaporation, any part affected with *psoriasis*, or frequently even by comparing the state of the exposed and covered parts of the same individual. Though not entirely agreeing with M. Alibert, that *herpes* (*lepra* and *psoriasis*) always commences with "vesicles," though we know that many others entertain the same opinion, (Dr. Macartney, if we mistake not,) we feel assured, that it appears very frequently in this form, without being in any respect changed in nature or character. If we might venture to propose any alteration in this group, it would be the transposition of *varus* and *melitagra*, as we think the latter is most nearly allied to *herpes*, and the former to *esthiomenos*.

## GROUP V.—*CANCRODES.*

These diseases are characterized by their slow and insidious attack, by their induration, subsequent ulceration, and tedious duration; by their resistance to all internal remedies, and their disposition to return in the neighbouring or remote parts after removal by operation. The *cancrodes* are attended by consecutive fever, and mostly accompanied by very severe, deep-seated, lancinating pains. They are probably hereditary; never contagious.

Genus 1st, Carcinus.—A disease characterized by a small tumour, at first indolent, then accompanied by slight itching, which induces the patient to scratch it, and eventually by a severe pungent and lancinating pain. *Carcinus* generally attacks the most sensible and irritable parts of the skin.

*Species a, C. tuberculosus; b, C. verrucosus* (soot-wart, chimney-sweep's cancer); *c. C. melaneus* (*anthracine*); *d, C. eburneus; e, C. globosus; f, C. medullaris.*

Genus 2nd, Kelis.—A cancerous affection, characterized by one excrescence, rarely by more than one, more or less prominent, hard, resistent under the finger when compressed; sometimes cylindrical, sometimes round or square, flattened in the centre, elevated at the edges, so as to form a border; the lateral parts project like roots implanted into the skin, sometimes resembling the cicatrix of a burn.

*Species a, K. genuina; b, K. spuria.*

REMARKS.

M. Alibert has adopted the name *carcinus* for those superficial carcinomatous affections which confine themselves to the skin and subcutaneous membrane, to distinguish them from *cancer*, as affecting the glands and other deep-seated tissues. The existence of the genus *kelis* has been denied; but our author has had repeated opportunities of seeing it, and establishing its identity.

## GROUP VI.—*LEPRODES.*

This group includes several important constitutional affections, manifesting themselves by local degenerations and morbid alterations of various forms, and generally attended by more or less diminution of the sensibility or numbness of the parts affected. They attack insidiously, and almost insensibly; resist all known means of cure, are exceedingly chronic in duration, and rarely terminate but with life. The leprodes are frequently hereditary in origin, but seem particularly favoured by certain climates and situations, by bad food, sordid living, and mental depression. The dermatic tissue is affected through its whole thickness, and often morbidly hypertrophied. These diseases are not contagious.

Genus 1st, Leuce. (*Zaarah* of Moses, the leprosy.) A lepra, characterized by spots, at first white, afterwards of an ash-grey, or sometimes of a slightly green colour, circumscribed, round, surrounded by a red areola, passing through regular periods, and becoming eventually of a horny consistence, depressed in the centre, and deprived of sensibility. In some cases the disease appears in the form of orbicular rays or rings, like those observed on the skin of serpents.

*Species a, L. vulgaris vel alba; b, L. radiata vel tyria.*

Genus 2nd, Spiloplaxia.—A lepra characterized by irregularly-furrowed, tubercular incrustations, offering a rough unequal surface, intersected by deep fissures. These incrustations, which form patches of various sizes, on one or more parts of the integument, have a greater extent and greater thickness than those observed in any other disease of the skin.

When the scab falls off, the cicatrix which remains is never obliterated.

*Species a, S. vulgaris, seu malum mortuum; b, S. scorbutica; c, S. indica.*

Genus 3rd, Elephantia.—A lepra characterized by spots, generally circular, of a yellowish-brown, or sometimes of a livid-red colour, which are followed by roughness and irregularity of the surface, and by the formation of fissures and tubercles. The skin loses its sensibility in many parts. This disease is especially marked by the great tumefaction which prevails through the whole thickness of the integument. The change or deformity which it produces of the features, is one of the most striking phenomena of the affection; the swelling of the hands and feet, as well as of the articulations, is also a common symptom.

*Species a, E. vulgaris; b, E. tuberosa; c, E. scrotalis.*—It is to the first of these affections which generally attacks the face, and which commences in a tubercular form, that Bateman has applied the name elephantiasis. The second species, the Barbadoes leg of the English authors, M. Alibert has called *tuberosa*, to indicate that it presents the form of *tuberosities* rather than of *tubercles*.

Genus 4th, Radesyge.—An endemic disease, commencing by heaviness, lassitude, torpor, and insensibility of the limbs, with nocturnal pains in the joints, which terminate in the morning with clammy, viscous sweatings. The face is sometimes pale, sometimes red or bluish. After some time, spots more or less distinct make their appearance, followed by nodosities, furrows, cracks, tubercles, callosities, and callous ulcers.

*Species a, R. vulgaris; b, R. scorbutica.*

REMARKS.

M. Alibert has applied the word lepra in the sense in which it was used by the Greek translators of the Arabian writers, who included under it the *leuce* and *elephantiasis*. The former of these diseases, *leuce*, answers more completely than any other at present known, to the *tzarah* of Moses, which word was also translated by the Greeks *lepra*. That these diseases are not considered contagious, is no argument against their identity; for we know how obscure a subject that of contagion is, and how exceedingly ready the world is to attribute this property to almost every disease. M. Alibert has had opportunities of examining every form of the disease, and has never been able to trace its propagation by contagion. During the clinical lectures of 1832 at St. Louis, M. Alibert was able to show us four cases of the tubercular *elephantiasis* of the face (*elephantia vulgaris*), and several of the Barbadoes leg (*elephantia tuberosa*), some of which have remained with the other patients in the hospital for a considerable time, and have been repeatedly touched both by the professor and his pupils without any ill effects. In the countries in which the tubercular *elephantiasis* prevails, however, it is still considered eminently contagious, and the affected are rigidly secluded from all intercourse with their fellow men.

Well-authenticated cases of *leuce* are so exceedingly rare, that I cannot resist quoting at length one of those reported by M. Alibert from actual observation. The case occurred at the Hôtel Dieu, Paris, under the care of M. Recamier:—

"The patient was a woman of 35 years of age, small in stature, slightly made, and of a weak habit of body. Her childhood had been unhealthy, and had been crossed by a variety of misfortunes, which it would occupy us too long to relate. About the age of 34 she received a violent blow on the mammæ, and soon afterwards observed, chiefly on the left side, a number of small white vesicular pustules, which went on to suppuration. These pustules spread over the whole anterior and inferior parts of the thorax, where the patient experienced a sensation of burning heat. After the lapse of some months, spots of an ash-grey colour, at first on a level with the surface of the skin, were observed on her thin and flabby mammæ. These spots were surrounded by a reddish circle of a pale-rose colour, while the surrounding integuments remained quite healthy. After a time, other similar spots made their appearance; the first became dry, and assumed a brownish tint, the surrounding circle remaining of the same extent, but of a paler colour. The following were the several stages through which the disease was observed to pass:—1. The spots or scales, while recent, were exactly on a level with the surface of the skin; they were of a pearl-grey colour, or sometimes white, shaded with green; they were resistent to the touch, and were surrounded by a bright red *areola*. 2. In proportion as the disease developed itself, the spots were seen to *darken*, *harden*, and become *depressed*. The *areola* was still present, but the affected part had now quite lost its sensibility. 3. At last the spots assumed a very hard consistence, became, if I may use the expression, coriaceous, and the *areola* entirely disappeared. On some parts of the same breast we observed the remains of former scales, quite dried up. After the fall of those of whose progress we have been speaking, the skin retained the impressions in the form of cicatrices. Such

was the slow but regular progress which this dreadful disease pursued, and under which the patient sunk after a long course of suffering."*

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## GROUP VII.—*AISCHRODES.*

A group of exceedingly contagious diseases, frequently propagated by sexual intercourse, attacking by preference the face, head, and organs of generation. The cutaneous eruption is often preceded by a slight febrile attack. These diseases are slow in their progress, and are liable to affect secondarily almost every tissue in the body, especially the osseous. It seems probable, though it is not yet sufficiently well established to warrant us in considering it as a character of the group, that mercury possesses an almost specific power in all these affections.

Genus 1st, Syphilis.—A contagious disease, more or less rapidly contracted by impure contact, generally characterized externally by spots of a coppery colour, by pustules, vegetations, excrescences, ulcerations, swellings, tumours, and imposthumes; internally by caries and deeply-seated pains in the bones.

*Species a, S. pustulans*; *b, S. vegetans*; *c, S. exulcerans.*—These three species include an immense number of varieties, some of which appear to us to possess sufficient importance to form separate species. The first, or *syphilis pustulans*, contains twelve; we shall only give the names, as they are generally so well selected as to express with sufficient clearness the nature of the affection. 1. *Squamosa*; 2. *Crustacea*; 3. *Pemphigoides*; 4. *Lenticularis*; 5. *Racemiformis*; 6. *Ceraciformis*; 7. *Miliaris*; 8. *Urticata*; 9. *Serpiginosa*; 10. *Scabioides*; 11. *Varioloides*; 12. *Tuberculosa.*

The second species, *Syphilis vegetans*, contains six varieties; 1. *Frambœsia*; 2. *Cauliflora*; 3. *Crista-galli*; 4. *Porriformis*; 5. *Verrucosa*; 6. *Condyloma.*

The third species, *Syphilis exulcerans*, has only three varieties; 1. *Serpiginosa*; 2. *Excavata*; 3. *Fissata.*

Genus 2nd, Mycosis.—A *contagious* disease, characterized by fungous excrescences, which manifest themselves principally on the face, hairy scalp, and about the organs of generation. These excrescences, in form resembling the fruit of the mulberry or strawberry, give out a yellow, fetid, and viscous humour; they occasionally form tumours of considerable size; sometimes they are attended by coryza, hoarseness, ulceration of the tonsils, pains of the bones, &c.

*Species a, M. frambesioides* (*Frambœsia*, Willan); *b, M. fungoides* (*Molluscum*, Willan, *Verole* of Amboyna, *Pian*, *Pocken*, &c.); *c, M. Syphiloides* (*le Mal de Fiume*, *Scherlievo*, *Sibbens*, of Scotland, *Fungine* of Ireland, &c.).

### REMARKS.

There can be little doubt that there exists a certain analogy between *syphilis* and *mycosis*, which has been described under as many different names as the situation in which it has been observed; but how far this extends, future and more accurate observations must disclose. From the relative situation in which M. Alibert has placed these diseases, it will be much more easy to appreciate the affinities and relations by which they are allied to other affections.

*(To be concluded.)*

* Alibert, Monographie des Dermatoses, 4to, page 468.

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*General and Particular History of Anomalies in the Organization of Man and Brutes, &c., Laws and Causes of Monstrosities, Vices of Conformation, and their Varieties.* By M. Isidore Geoffroy St.-Hilaire. Vol. I. Paris, Bailliere.

(Concluded from page 435.)

We continue our notice of this excellent work by an analysis of the author's observations on

### *Anomalies of Junction and Fusion.*

All organs which are liable to unite or be confounded intimately, are also subject to this anormal state of union in a superficial degree. We should naturally, and at first sight, be inclined to imagine, that those organs which in the normal state are found contiguous, should be most frequently united; and, on the contrary, that distant organs are joined only in a superficial and mediate degree. But observation does not establish the correctness of this remark. A great number of organs which naturally are placed in immediate contact with each other, never unite or mix together; while, on the other hand, organs which are placed at a considerable distance from each other, and are even separated by a great number of intervening parts, present numerous anomalies of

fusion. We may even go so far as to say, that the organs most liable to be intimately mixed, are always, in the normal state, far removed from one another,—as, for example, the kidneys, the eyes, and the auditory apparatus.

These results, however unexpected, depend upon a law of very general application, viz. "That the unions which take "place between organs or parts of organs, "are the more intimate and frequently "observed, when the united parts resem-"ble each other in nature or disposition." This law, in fact, is a physical illustration of the old Latin adage applied to the moral man, "*Similis cum similibus facile congregantur.*" A few remarks will suffice to show how general is the application of this law to anomalies of junction and fusion.

Two organs may resemble each other exactly, or nearly so, in all their conditions of structure and similarity; this degree we may call resemblance; or they may have only a few common conditions of structure, disposition, or function, not very apparent. To this latter degree of relation we give the name of analogy. Complete resemblance is seldom observed, except between organs which form pairs, symmetrically placed on the right and left sides of the body, as the cerebral hemispheres, the eyes, ears, &c. It is worthy of remark, that these similar organs are either placed completely on the lateral portions of the body, as the ears, or are separated from each other by a fibrous or osseous septum when they are situated more closely, as the hemispheres, eyes, nostrils, &c. This disposition, which is almost invariable, appears to be a necessary result of the tendency which similar organs have to unite and form one by a sort of organic affinity, which we cannot explain, though its effects are manifest. Thus, when the septum, which usually divides two similar organs, is accidentally wanting, or rudimentary, these two organs at once unite and form one, in the same manner as, in the embryo, the two primitive uteri, the two aortæ, the two superior cavæ, &c., in the progress of organization, are confounded, and form only one organ or vessel.

It results from the preceding observations, that anomalies of junction of lateral organs at the median line, far from occurring through an arrest of development, as all the ancient, and most modern, authors imagine, are to be referred for their explanation to excessive development.

The fusion of the kidneys is an anomaly known to all anatomists, being by no means a rare event. Sometimes the two kidneys are simply united across the vertebral column by a concave prolongation; this is familiarly known amongst us by the name of "horse-shoe kidney;" sometimes, however, they are more intimately united, a simple median depression marking the line of fusion. All these varieties, which are numerous, represent the normal distribution in fishes, and even amongst birds, in some of the palmipedæ, in which the urinary organs, brought close to one another by the elongated form of the body, are found united on the median line, as in fishes.

The union of the testicles, either in the scrotum or in the abdomen, naturally places itself next to that of the kidneys. The former case is of great interest from the length of march, which the organs take before they become united. The union in the abdomen is extremely rare; indeed the author says, that there is only one case of this anomaly known, and that he published. A child was born at Grenoble in 1812. Numerous physicians were consulted on its sex, and gave different opinions; however, it was decided to register the infant as a girl. She died at eighteen months of age, and was dissected by Dr. Breton, who discovered a perfect state of hypospadia. The scrotum, divided into two folds, like labiæ, was empty. The renal capsules, kidneys, and testicles, were united on the median line; the vessels, nerves, and vasa deferentia, of the single testicle, were double.

It does not appear that we are acquainted with any case of union of the ovaries. The union of the cerebral hemispheres has been observed by Sir A. Carlisle, Chaussier, and Bianchi. This anomaly presents several degrees: the hemispheres may simply touch in several points, or in their whole extent; or they may be intimately confounded. In the latter cases there is a complete absence of the falx,

and it is a remarkable circumstance, that the intellectual faculties do not, in such cases, present any particular derangement.

We may now examine junctions of organs which resemble each other in a less degree than those just noticed, and find, according to the law already laid down, they are less frequent and less intimate; as, for example, the junction of the lips, eyelids, &c. The fingers may also be found in a state of junction, but never of complete fusion or intimate mixture. Usually, the band of union is merely cutaneous, and extends only from one finger to the other. At other times all the fingers are united, but the primitive distinction is indicated by the presence of several distinct nails; finally, cases have occurred in which only one nail was found, nearly as large as all the others put together. It is unnecessary to show, how far these dispositions represent the structure of a large class of animals. We shall close this section by simply noticing that junctions of one or more teeth, ribs, &c., have been sometimes found, and that organs altogether dissimilar have been united, but only through the medium of their integuments.

*Anomalies caused by the existence of a Septum.*

The fourth order of anomalies of disposition is essentially characterized by the presence of a septum dividing the cavity of an organ, such as the bladder, the uterus, &c. The septum is usually median, and divides the cavity into two equal portions. It results equally from the theory of eccentric development and from the researches of M. Serres on embryogeny, that all the hollow organs placed on the middle line in the body, primitively consist of two separate and distinct moieties. In the progress of evolution, these moieties or double organs gradually approach, unite at the median line, and, finally, are completely fused, so as to make one single organ.

Hence we can easily conceive how an arrest of development may either present two organs where there should appear only one; or how these may be united partially on the median line, but, presenting the septum arising from the application of their sides in the progress of evolution. This explanation is only applicable to man, and such mammalia as are placed near to him in the scale of organization; for the existence of a womb or vagina, divided into two cavities by a septum, is the normal state of several marsupial animals, and there is a great number furnished with a double uterus and vagina. The organs in which anormal septa have been found are very few, the examples on record being confined to the bladder, vagina, and uterus. The complete or partial septum, which divides the vagina into two portions, coexists either with a septum of the uterus, or with the complete separation of this organ into two bodies. It is clear that an anatomical arrangement of this nature may give rise to some of the cases of superfœtation, which have been so long a matter of dispute. The direction of the septum is various. Usually it is perpendicular, but occasionally oblique; in one remarkable case, which occurred in the Hôtel Dieu in 1829, the septum was placed transversely, like the diaphragm, thus dividing the vagina into two cavities, one of which was placed directly over the other.

*Anomalies caused by Disjunctions.*

We now arrive at anomalies caused by the disjunction of parts which are naturally continuous; this class is divided by the author into *anomalies of perforation*, and *anomalies of division*.

*Anomalies of Perforation.*—We pass over perforations of the diaphragm, as these were noticed when speaking of certain transpositions of the viscera, and pass to the consideration of cases which present more points of interest.

The persistence of the urachus for a long period after birth is not a rare circumstance; when it exists singly, it is an anomaly of little consequence, but when accompanied by certain obstructions of the urinary passages, the whole or greater part of the urine is excreted by the umbilicus. There is a remarkable case of this kind related by Cabral, who effected a cure in a young girl in whom the urethra was imperforate, the urine being discharged by the umbilicus.

The persistence of the canalis arteriosus,

and the existence of perforations in the septa of the heart, are anomalies which must be regarded as worthy of particular attention, on account of the physiological and pathological phenomena by which they are usually accompanied. The persistence of the ductus arteriosus sometimes, though rarely, occurs alone. In most cases we find, also, absence of the valves of the heart, or perforations through the septa of the auricles or ventricles. These anomalies exist in various forms, and result almost invariably from the persistence of some of the conditions of fœtal life, while they present us with examples of the structure observed in the lower animals, especially in reptiles. It is worthy of remark, that the most grave anomalies of the heart are not always those which produce most trouble in the functions of respiration or circulation. Thus an anomaly, of itself necessarily mortal, as, for example, the obliteration of the pulmonary artery, may not be totally incompatible with life, if accompanied by another anomaly affording a passage for the circulation to arrive at the lungs. In rare cases the malformation has been carried to such a degree, that there exists only one ventricle and one auricle, as in the batrachians. Hodgson, Green, Richerand, and Meckel, have described cases in which the ductus arteriosus remained open, with a free communication between the ventricles, in persons far advanced in life, as at 40, 60, or even 80 years of age. In many of these cases, there existed peculiar symptoms, and especially the blue colour of the skin, but in several the latter remarkable phenomenon was absent.

It follows, therefore, that cyanosis, or the blue disease, may exist without any extraordinary conformation of the heart, and, on the other hand, that anomalies of this organ may exist to a great degree, without being accompanied by this symptom. When cyanosis depends on a malformation of the heart, it is accompanied by several peculiar symptoms, which have been detailed with much care by Nasse, Farre, and particularly by Meckel. The respiration in such case is accelerated and irregular; the heart beats quickly and regularly, and the pulsations are usually accompanied by those of the jugular veins; slight efforts of walking, &c., are sufficient to bring on dyspnœa and violent attacks of cough and palpitation. In subjects affected with this disease, the body is commonly ill proportioned; the stature is small, and the genital organs are particularly, but little, developed. The symptoms of cyanosis appear sometimes a few weeks, months, or even a year, after birth, but in most cases they manifest themselves at the very earliest period of existence. Nosologists consider the blue colour of the skin to arise from the presence of mixed arterial and venous blood in the vessels; but it is probable, for many reasons, that the influence of this cause is assisted by another equally powerful, viz. the presence of a great quantity of blood in the capillary system. That the first cause is not of itself sufficient to account for the existence of cyanosis, is proved by the arterial anomaly observed by M. Breschet, where the right subclavian arose from the pulmonary artery, without producing any change either in the colour or the function of the membrane.

*Anomalies of Division* may be distinguished into three species, viz. the division of a canal by the interruption of its cavity; the division of an organ into two or more portions; and the symmetrical division of a single median organ into two lateral moieties. The first group includes but a small number of examples, which are chiefly found in the alimentary canal, a circumstance resulting from the fact, that this canal is primitively formed by several distinct and independent portions. Thus the œsophagus and pharynx have been found separate, each terminating in a cul-de-sac, where they ought to have been continuous. Again, the intestinal canal may be divided into two parts by the non-union of the great and small intestines. The sexual canals exhibit, occasionally, similar anomalies; the vagina sometimes terminates superiorly in a cul-de-sac, completely separated from the internal organs, but this anomaly is not always a cause of sterility; for, in many of these cases, the uterus has opened into the rectum, and impregnation, and even delivery, has taken place through the anormal communication.

Of all the median fissures, the most remarkable and well-known is the *bec de lievre* or hare-lip: this deformity, like the preceding, results from an arrest of development, and realizes in man, not the organization of the hare, as the name indicates, but the normal condition of certain fishes. To explain the formation of hare-lip, we must have recourse to embryology, from which we have hitherto derived so much assistance. Every anatomist of the present day knows that there exists in the embryo, as in the greater part of the mammalia, an intermaxillary bone; but it may not be as well known that the illustrious poet Goethe was the first to draw public attention to this fact, by publishing in 1786 a paper, on the intermaxillary bone of man, entitled "*Dem menscher wie den thieren, ist ein Zwischenknochen der obern Kinnlade Zuzuschreiben.*"

If we conceive a fissure between the intermaxillary and upper jaw-bone, accompanied with a fissure of the lip, we have the simplest and most ordinary form of hare-lip. When the fissure exists at one side only, the hare-lip is single.

If it exist on both sides of the intermaxillary, we have the double hare-lip. This is the state of parts in the simplest form, without any complication; for the co-existence of a fissure between the two maxillary and palatine bones, and the division of the velum palati, present an anomaly quite different and independent of hare-lip. At present it is enough to remark, that the latter is always a lateral fissure, while the former exists invariably on the median line. It is a curious fact, that individuals affected with this deformity, are generally born of parents perfectly free from it. Hence we may conclude, that it is an anomaly rarely transmitted by generation from parent to child. The varieties of hare-lip are well known to all surgeons, and may, therefore, be omitted here. The division of the hare-lip is, as we have remarked, often accompanied by an incomplete junction of the intermaxillary to the maxillary bone, on one or both sides. Sometimes the suture is nearly complete; the point of union is marked by a slight line between the external incisor and canine teeth. When the intermaxillary fissure is of greater extent, the teeth usually present irregularities, more or less remarkable, especially in the incisors, which are apt to grow outwards instead of descending vertically. In the greater part of these cases the lateral fissure constantly corresponds with the point between the external incisor and canine teeth, or in other words, to the line where the intermaxillary and maxillary bones should be united; but in some cases of more rare occurrence, the fissure is found much nearer the median line, between the external and middle incisors. This requires an explanation which we find in the circumstance that the alveolar arch is formed by the union of several pieces primitively distinct.

Next to hare-lip we naturally place a deformity more grave and more rare, viz. the congenital fissure of the cheeks, arising from a want of union between two of the five primitive portions of which, according to M. Serres and Breschet, the upper-jaw is composed.

The existence of median fissures is readily explained by the theory of eccentric development, which shows that all median and single organs are originally double; that in the course of evolution these two lateral portions gradually unite, and at last are confounded completely. According to this theory, the arrest of development takes place at different periods of fœtal life. We may have, instead of the single organ of the adult, 1st, two lateral organs perfectly distinct; 2nd, a state in which the two organs are brought close to one another, but more or less divided by a fissure; 3rd, the partial fusion of the lateral portions in which no fissure exists, but in its place a septum composed of the united sides of the lateral portions.

It is evident that all median fissures may be referred to the class No. 2. One of the most familiar examples which we can give is the median fissure of the palate and velum palati, often connected with hare-lip, but often existing without it. Such was the case of the individual for whom M. Roux first performed his operation of staphyloraphé; the lip was free from any deformity. The fissure of the roof of the palate, even when considerable, does not, like hare-lip, constitute a remarkable deformity; the form of the face is little altered, but the effects arising from an

anormal communication between the cavities of the mouth and nostril are often severe. The act of sucking becomes either impossible or extremely difficult, and nothing but the greatest care can prolong the life of the infant.

The division of the extremity of the penis, though rare, has occasionally been seen, and may present many degrees, from the simple bifurcation of the glans, to a complete duplicity of the organ. Here again, as in most anomalies, we find a repetition of animal structure,—the first case realizing the normal condition of the diadelphœ and monotremes; the latter exhibiting the most remarkable characters of the ophidiæ and sauriæ. In like manner the clitoris has been found bifid, but this is a case so extremely rare, that we have only one example, furnished by Arnauld. Amongst many examples of median fissure we have the slit of the perineum, often giving rise to an appearance of hermaphrodism; the fissure of the sternum laying bare sometimes the heart; and spinal fissure constituting the disease commonly called "spina bifida."

The fifth class, in the division adopted by M. Saint-Hilaire comprises anomalies arising from an augmentation or diminution of the number of parts of organs." It is manifest that many of these apparent anomalies of number are referable to anomalies of increased or retarded development, for remarks in which we refer the reader to the various chapters wherein they are treated. We shall content ourselves at present with saying, that the author under this head considers and explains anomalies of supernumerary muscles and teeth, and of various portions of viscera; of the bones, fingers, toes, mammæ, testicles, &c., and concludes with some general remarks on the nature and distinction of the anomalies.

Such is a brief analysis of a work which we strongly recommend to attention as one containing views and opinions which deserve to be generally studied and known. In this country especially they require to be disseminated. In fact, we are here so absorbed with the practical part of our science that hardly any attention is paid to philosophical anatomy. We have hence been induced to extend our notice of the present work to an unusual length in order to lay before our readers as complete a view as possible of the principles of philosophical anatomy, happily applied to an explanation of anomalies and monsters.

## THE LANCET.

*London, Saturday, July 20th,* 1833.

M. Rostan was declared on the 5th inst. professor of clinical medicine in the University of Paris. The announcement was one of mere form. The choice was long since made.

The energetic representations of the medical press relative to the corruption exercised at this election, have not been altogether without effect on the government and the faculty. Important changes have, accordingly, been made in the mode of conducting the concours, which reopened last week to fill the vacant chair of Internal Pathology. The chief points in the new regulations are the following:—

The tests of capability are to consist of four proofs instead of three, viz.,

1. An appreciation of anterior titles.
2. A lecture after three hours of reflection.
3. A lecture after twenty-four hours of preparation.
4. The argumentation of a thesis.

The judgment of the jury on each trial is not to be declared until the end of the concours. The anterior titles can only form one-fourth of the sum-total of numbers indicating the rank of the candidate, and cannot be doubled as formerly. The opinion of each judge is to be expressed in numbers, 1, 2, 3, 4, &c., referring to each trial. These being added up and compared, to ascertain the relative positions of the candidate, a first elimination will then be made. Every candidate who, in the whole of the four trials, shall have had his competitors before him, shall be excluded from the objects of choice, and after this exclusion the jury will proceed to elect by ballot from the remaining candidates, whose sum-total of numbers expressive of their merit may be equal.

We find that the Liverpool case has excited astonishment and indignation in all ranks of the profession. How could it be otherwise? Was ever so foul an accusation founded on such a trumpery circumstance,—an incident, indeed, which owed the whole of the importance that could be attached to it, to the idle gossip of a loquacious charwoman. In the absence of complaint from the girl and her parents, was it not singularly strange that the rumoured accusation should be communicated in formal terms to the general Committee of the Infirmary? And yet it was alleged that the foul report was introduced into the official circle by a *friend* of Dr. BAIRD! Did this *amicable* gentleman make known to Dr. BAIRD that it was his intention to trumpet the rumour in the presence of the general committee? That step would only have been one of gentlemanly courtesy towards an enemy, and such a course of procedure could scarcely have been dispensed with, we imagine, where the acting parties were united in their intercourse by the bond of friendship. Had Dr. BAIRD been present when the poison was first instilled into the ears of the governors of the charity, he would have applied the antidote *sur le champ*, and thus, at once and for ever, have disposed of the atrocious calumny on his character.

But mark the unequalled irregularity, as well as the cruel harshness of this extraordinary inquiry. A mere rumour arises out of the ignorant officiousness or impertinent curiosity of a female to whom a patient of Dr. BAIRD had communicated that physician's treatment, and this woman, exercising the critical acumen of an octogenarian practitioner in medicine, condemns both the doctor and the patient, alleging that both agreed to be participators in the proceeding which she denounced as improper. This is the origin of the affair. The rumour reaches the committee; but, we ask, what right had the governors to interfere and impugn the conduct of one of their medical officers, merely on the idle report of some imputed misbehaviour to a private patient?—that private patient, however, having made no accusation against Dr. BAIRD, and his professional conduct having received the condemnation of neither magistrate nor jury.

Thus the interference of the Committee assumes a most suspicious aspect, and thousands of people will infer that there existed a strong desire in some quarters, at least, either to oust him from his office by foul means, or to adopt some proceeding which was likely to destroy his professional reputation.

How then can the medical officers of the Manchester Infirmary consent to take cognizance of a proceeding like this, or enter on an inquiry, when the investigation itself is calculated to be productive of irreparable mischief to the maligned party, seeing, as they must, that the bare "*investigation*" leads the public to believe that there is *something* to inquire into, never supposing, for one moment, that the whole story is the spontaneous invention of an idle, ignorant eaves-dropper? They should recollect that no verdict of acquittal, that no decision they could give, would prove half so favourable to Dr. BAIRD, *after* an investigation, as would a bold and honest declaration at the outset, that there was *no charge to investigate*, that there existed no *accusation* against the physician of the Liverpool Infirmary. This would afford the greatest triumph to the injured individual, whilst it would furnish the most effectual exposure, and accomplish the decided defeat, of the slanderers who have taken so much pains to bring the character of Dr. BAIRD into disgrace.

We have hitherto abstained from allowing more than a mere cursory notice to appear in our columns, of the straggling cases of malignant cholera which showed themselves in the early days of the present month, under the hope that they were but passing visitors, and that no recurrence of the disease in its epidemic form, would compel us to return to this painful and alarming topic.

In compliance with the duty of a medical journalist, however, we are obliged to confess our disappointment, and at last to announce, that the epidemic cholera in its worst form is once more abroad in this country. Numerous public establishments in the metropolis,—prisons, workhouses, and hospitals,—have already become the scenes of its operation; and in private life there have fallen numerous additional victims, in various parts of the metropolis, to this deadly malady. The public should know, that the published Bills of Mortality throw no light whatever on the actual extent of this disease; but careful observers will remark, that the deaths from "old age," "inflammation of the viscera," unknown causes, &c., have increased to such a degree, as to afford strong evidence that the epidemic reckons many sacrifices under these vague denominations.

What, under these circumstances, do we advise? The establishment of boards of health, cholera hospitals, medical inspectors, and the enforcement of quarantine laws? No. The local boards of healthof last year were, in too many instances, public nuisances, instead of being beneficial institutions. They had too great a tendency to consist of "select" parish prattlers and busy bodies, to the exclusion of practical and efficient men. The cholera hospitals, though excellent in principle, were so grossly mismanaged as, possibly, to prove more mischievous than advantageous. The medical inspectors were assigned no tangible or useful duties, whether remedial, statistical, or scientific, and the operation of quarantine restrictions cannot bear with any effect on a disease which rages as an epidemic.

Let each individual in the community, however, attend to the warnings which are, fortunately, afforded in most cases by the occurrence of a premonitory and painless relaxation of the bowels, avoiding the use of all articles of drink and diet, which by experience have been found to disorder the stomach and bowels, or crude indigestible matter, which have a tendency to derange the functions of the alimentary canal. Let no strong purgative medicines and emetics be commonly used. Finally, it would be desirable to establish cholera dispensaries, where the poor might at once obtain suitable remedies to check the incipient diarrhœa. This is all that our ignorance of the true nature of the disease permits us to point out as preventive or hygeienic measures.

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As we have not received from Dr. CLEMENT HUE a report of the proceedings which resulted from the meeting of the London hospital medical lecturers, it is probable that the gentlemen who constituted the assembly have refused to give their assent to Dr. HUE's very reasonable and creditable proposal. The profession, we apprehend, is most anxious for the half-promised report, and Dr. HUE's offer to give it has elicited the warm approbation of his brother practitioners. Such open and candid conduct in a hospital lecturer, presents a noble contrast to the general bearing of the "recognised" teachers of the monopolists, and it leads us to hope that we are approaching the dawn of better days.

Feeling particularly anxious to diminish a portion of the intense anxiety felt by the profession, to learn the important circumstance which could have caused an

aggregate meeting of the hospital medical lecturers, we publish a copy of one of the summonses which was issued on the occasion. In this epistle the object of the meeting is fully stated, and we vouch for the authenticity of the document.

"Sir,—The favour of your presence is earnestly requested at Dr. Hue's, Guilford-street, on Monday at half-past eight for nine in the evening, to consider the expediency of addressing a memorial to the Government, or taking such other step as may be deemed proper, with a view of preventing the injury which would accrue to the other medical schools, if exclusive privileges were granted to the London University of conferring degrees in medicine in the proposed charter. I have undertaken to issue the summonses, and have procured the co-operation of some one at each of the hospitals except yours. It would, therefore, be very obliging if you would mention the matter to those of your colleagues who are not connected with the London University or King's College, the object being to collect as many as possible of the other teachers connected with the principal schools, though from the shortness of the time it is to be feared that some will be (however unintentionally) omitted. I am, Sir, your very obedient humble servant,

"R. Macleod.

"23. Henrietta-street, Cavendish-sq.
July 6."

Here, then, we have a clear exposition of the disinterested motives which have dictated the malignant attacks on the University of London in the Imposter's "Gazette." Is Macleod still the Fabricator of that concern? If he be, what are we to think of the man, and what are we to think of the respectable practitioners who voluntarily associate themselves with such a writer, and with such a publication as the *Mock*? Never was there witnessed a more effectual exposure of editorial baseness, than we have presented to the view of the reader in the above "summons." But we must leave the subject for the present, in the still-cherished hope that Dr. Hue will furnish us with a report of the discussion.

## COLLEGE OF PHYSICIANS.

MEETING EXTRAORDINARY, TO TAKE INTO CONSIDERATION THE APOTHECARIES BILL.

The very mention of *medical reform* in the House of Commons, has produced such a degree of agitation among our corporate monopolists as has never been before witnessed. The neighbourhoods of Pall Mall East, Lincoln's Inn Fields, and Rhubarb Hall, have witnessed scenes enough of bustle and excitement to create the greatest alarm in the minds of the inhabitants, for the anxious countenances of the medical boards in those locations have betrayed that more than physic was in danger. In fact, the committee appointed by the House of Commons to report on the Apothecaries Amendment Bill, having betrayed a disposition to make inquiries beyond the mere question referred to them, the necessity was felt for the immediate adoption, on the part of the corporations, of such steps as might, at least for the present, put a stop to an enlargement of the investigation. In this predicament the College of Physicians, from its antiquity, assumed the lead, and on Tuesday week a full attendance took place at that institution. Our reporter, on being admitted on this occasion into the Hall, found it already much crowded with Fellows in their scarlet robes. Some gentlemen in black gowns who, to the number of six or seven were seated by themselves in a corner, he found to be graduates of Dublin. A few others, in simple attire, on the back benches, proved to be licentiates admitted by grace of the President.

The President having taken the chair, the beadle announced that a deputation from the Council of the Royal College of Surgeons was in attendance; and as it had previously been arranged that these gentlemen might be present at the discussion, the "modest author," attended by the President and Mr. Howship, was allowed to sit opposite the licentiate-fellows. Order having been obtained, the President rose with great dignity, and thus spoke:—

"My dear Fellows,—I labour under great embarrassment of breathing, for never was I called upon to address you under circumstances occasioning such real cause of alarm. The Reform Bill, as my friend the Duke said to me in confidence the other day, is doomed to make a total revolution in all that is venerable for its antiquity; and our College, which has stood for ages, is now threatened with its downfall by the demon of destruction. I need not, therefore, say that our object in

meeting here this day, is designed to contrive by what means we may avert this evil, and continue to derive those benefits from the corporation which have so long turned to our exclusive advantage. (*Applause.*) You know that I am actuated by one feeling alone, and that to promote our welfare I have made numerous sacrifices. Who, among the Fellows, is there that can say I have overlooked his interest as a member of this College? ("*Hear, hear,*" from all but the gentlemen in black gowns.) Look at our hospitals! at our dispensaries! at the first Board of Health! at the Vaccine Board! at the Commission of Lunacy! nay, more, at the medical gentlemen who are permitted to surround the sacred person of his Majesty, and where will you find one among them who is not a Fellow? (A feeble cry of "Roderick" was heard at this moment.) I thank you, dear friends, for the opportunity you have afforded me of explaining my conduct as regards this individual. I admit that it is very true that I did allow him to get into the hospital at Hyde-Park Corner, but recollect the circumstances under which we were placed. At one time, which we must all painfully remember, THE LANCET dared to attack the dignity of the College, and we found none to defend us. Now you all know quite well that we have in our College many men who have nothing to do, and I thought that as they were never occupied in writing *prescriptions*, they might be usefully employed in penning *leaders*, and combating our opponents. The thought accordingly struck both me and others ("*Hear, hear,*" *from Mr. Guthrie*), that if we had but a man who would head the band, and take the responsibility on his own shoulders, we might manage for some time longer to ward off the approaching evils. If the bargain which I made has been a bad one (*murmurings*), all I can say, gentlemen, is that I acted for the best. Well, then, look at my friend Macmichael, Physician to the King, Librarian to his Majesty, and Visitor of Lunatics (*the rest was drowned by noises made in the room*); and my friend Turner, our treasurer, and treasurer to the Vaccine Board, and a Lunatic Commissioner (*more noise*), and my own—("*Fanny Hawkins*" *was the cry*). [These interruptions had now so far disconcerted the President, that he closed his speech abruptly by advising the assembly to proceed with calmness and dignity to consider the line of policy best suited to the interests of the College on occasion of the then-expected debate in another place on the Apothecaries Amendment Bill.]

A GENTLEMAN, in a black gown, here rose and said, that knowing that the worthy President was in constant communication with his Majesty's ministers, he wished to know, precisely, the feelings of Government on the subject mentioned, and what Government wished the College to recommend.

The PRESIDENT replied, that he was not at liberty to state all that had passed between them on this matter, as much of the advice he had given was confidential. All, therefore, that he should say, in reply to the learned Doctor on the present occasion, was, that the Home Secretary was duly impressed with the profound respect due to the College. (*Loud applause.*)

Professor BOTHER'EM OF BADHAM said, that in considering the high and important place which he had the honour to fill in one of the Scotch Universities, a place for filling which he acknowledged his obligations to the President alone, he could not remain silent while a subject was under discussion which had reference to his pupils, especially since, in protecting their interests, he was serving his own and that of the College. With regard to Glasgow, he could sincerely affirm, that whether he considered the deliciousness of the climate, the refinement of the society, the affable and courteous dispositions of his learned colleagues, or the elegant minds employed there in the study of physic, he had never in the course of his travels visited a university town, which presented so many agrémens to one who wished to derive the advantages of a union of all that was refined in literature, with the study of medicine. He had, in his lectures, given a course on the pathology of the ancients, which having had the approval of his inestimable friend the President, had met with such signal success, that he intended to get it printed, but no bookseller would incur the certainty of a dead loss. He found that to get them in type without expense, he must offer them for insertion in Longman's "Medical Catalogue." (*Question.*) He heartily concurred in all that had been said by everybody, and hoped that the President would have the entire management of the contemplated and most difficult negociation, and that the College would have to bear witness to his (Dr. B.'s) having advocated the cause of the Glasgow graduates.

Dr. MACKMIKE observed, that the President had with equal force and truth explained the difficulties which threatened the College. Here was a parcel of Scotch Doctors, who fancying themselves fully qualified to practise as apothecaries, had set up an agitation, which could not, alas! be quelled, except by the dexterity of the President. As matters stood, however, it occurred to him, that it would be best

to define exactly the course which the President should pursue, else (*in a low tone*) he feared it was possible that Sir Henry might privately write one letter to the Government, assuring them of the approbation and support of the College as regarded the Bill before the House, and another to the Apothecaries Company, expressing the deep sympathy of the College in the present attack on their privileges, and assuring them of the active co-operation of the College in resisting it.

A FELLOW opposed this, and said he really thought it would be the politest course to the President to offer him no advice at all. It would be right, however, to appoint a careful secretary to see that the letters did not go wrong through some mistake in the envelopes, as the President was getting old, and abstracted, and not infallible in this respect (Sir Henry sat, during this latter debate, with a vacant air, performing a slow tattoo with the ends of his fingers on his upper teeth, and every now and then moving his hand by way of graceful recognition of some fellow or other on the seats before him).

Dr. PARISH next rose to make some remarks on the chief scribe whom the President had hired to do their weekly periodical, for some extraordinary liberties (as Dr. P. described them) taken of late in that journal, with the name of the College. In a recent Number he was assured, that the words "culpable supineness" and "doting ignorance" had crept in with reference to certain conduct of the College. He moved in conclusion, that the original contract between the President and the conductor be produced, as it was not (he said) worth while throwing money away to keep up a work that might be playing the rogue with them.

A miserable-looking devil here got on his legs and said, that, being a fag of Roderick, he had been allowed admission, and now took the opportunity of replying to the last speaker, that the words in question were merely "a blind" thrown in to make the dish more agreeable to a few Fellows, whose palates were not quite satisfied with the thick-and-thin system of laudation. (The assembly seemed to take the hint, winked to one another, and dropped the subject.)

The PRESIDENT at this instant found his wits again, and proposed that the College should petition Parliament to allow them the power of granting degrees. This was agreed to, whereupon the President addressing the deputation of surgeons, hoped they approved of the resolutions at which the College had arrived. Hereupon the President of the College of Surgeons rose to reply, but was pushed aside by the "modest author," who began to profess the admiration he felt for all that his fellow College did, and said he should direct his brethren of the Council to follow the truly noble example set them,—when he was stopped in his oration by a whisper from Mr. Balfour, that the physicians were moving off to dinner. The meeting was then adjourned for eight days. A deputation from Rhubarb Hall arrived soon after, but was, of course, too late to take any part in the proceedings.

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## NEPOTIC OPERATION IN SCOTLAND.

### LITHOTOMY.

*To the Editor of* THE LANCET.

MR. EDITOR,—We have great reason to lament that there is no independent periodical in the North, through the medium of which, sound and stimulating advice might be occasionally applied to the profession, in aid of medical reform. In absence of such I feel it my duty to submit the following circumstances for insertion in your excellent journal, which has ever been the zealous advocate of medical reform and the enemy of everything hurtful to the interests of science.

A few days ago the operation of lithotomy was attempted to be performed in the hospital of a large city in the west of Scotland, and bungled in a manner which no man of feeling and humanity,—no man who respects the credit of the profession, can allow to pass without the severest censure. The subject of the operation was a child. The operation was commenced by an incision which could hardly be called oblique, extending somewhat below the anus. The fibres of the sphincter ani muscle were nearly all divided, and the rectum protruded fully three inches. After the patient had been on the table for half an hour, he began to sink, and was carried out of the room without the stone being extracted. The reason given was the contraction of the bladder, but the fact was afterwards found, that *the bladder had not been entered*, and required to be cut in the evening, when the stone was removed. *The staff had not been cut upon at all.* It is evident from the force used in the introduction of this instrument, that the urethra was perforated, and the bewildered operator was all the while digging away between the bladder and rectum. It is allowed on all hands to have been an exhibition for disgraceful bungling unparalleled in the memory of the oldest member of the profession present. The

little sufferer has since died under a violent attack of peritonitis.

This ought to be a beacon by which in future elections of a surgeon to this hospital the directors would do well to be warned. I would ask them if the responsible situation of surgeon to a public hospital is to be opened to men of no experience, and destitute of all claims on the public confidence. Are young surgeons to go there for the purpose of *learning** the operative part of their profession? What better is the man who unskilfully lifts the operating knife than an inhuman butcher, under whom the living subject is but a carcase, and the operating table less desirable than the shambles? And what shall we think of him who thus experiments away human peace and human life, with as much composure of muscle as an inquisitor who ever dealt in blood?

Again, I ask of the directors of this hospital when such a one as I allude to has shown himself to be so unqualified for his duty, if he should not be deposed. The evil effects of such scenes must be most injurious to the utility of any hospital. The objects of a public and noble benevolence are thus frustrated. If such scenes continue, in vain will you try to point out an hospital as a benefit and a blessing, as the last refuge in disease. The poor man will rather languish and die in the misery of his hovel than endure the tender mercies of such an asylum.

In fine, Mr. Editor, do not forget that the disgrace in such cases is not borne by one man, but by the whole profession, and science is dishonoured and degraded.

HUMANITAS.

June 29th, 1833.

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## THE "MOCK" BLACK-BALLED.

*To the Editor of* THE LANCET.

SIR,—To-day I read with astonishment the silly tirade against THE LANCET, put forth by the doughty editor of the *Mock Lancet*, relative to the insertion in THE LANCET of Dr. Ley's paper. Has this person yet to learn that *printing in his pages* and *publishing* are not synonymous?

It is many years since I saw cause to hold in detestation the unjust and arrogant monopolies of certain London magnates in our profession, and when I contrast the meanness and truckling of the *Mock Lancet* with the manly straightforward career of THE LANCET, I cannot but express my abhorrence of that paltry hebdomadary. I am a member of a highly-respectable medical and surgical association, and it may be refreshing to the editor of the *Mock Lancet* to be informed, that his worthless journal was, about six months ago, *unanimously black-balled* there.

I observe in THE LANCET just published, that spasmodic cholera has again broken out in Paris—but what is still worse, it has again broken out in our dear native land. Some further particulars on the subject will, in all probability, appear at a future day in the pages of your excellent Journal. Herewith you have my name and address for your satisfaction, but to this communication I will sign myself

ONE OF THE FACULTY.

July 1, 1833.

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## PRUSSIC ACID IN SEA-SICKNESS.

*To the Editor of* THE LANCET.

SIR,—Having frequently witnessed the effect of prussic acid in allaying irritability of the stomach, not depending upon inflammation, I was induced to make a trial of it some months back during a voyage from London to Portsmouth, in cases of sea-sickness, but without producing any decided relief. I tried it in three cases, but did not find it, in the slightest degree, alleviate the sickness of the stomach. The individuals to whom I administered this medicine obstinately persisted in not taking more than two drops, and, perhaps, the failure was owing to the dose not being stronger. I had two opportunities of making the trial; the first time on board the *Sovereign*, an American packet, and the second time, on board the *Samuel Robertson*. I am, Sir, your obedient servant,

FORBES WINSLOW.

London, July 13, 1833.

*** "Sea-sickness is a very unpleasant but often a very beneficial occurrence, and in many cases might with more propriety be sought than avoided. It may not unfrequently be regarded as an excellent preliminary to a residence at the watering place which is the destination of the voyager.

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* Our correspondent has forgotten Sir Astley Cooper's advice to his nephew's jury, "I do not say that he is a *perfectly good surgeon*, but give him *time*, gentlemen, give him *time*. Do not crush him in the *outset* of his career," and when this disinterested *advice* was proffered, the *young gentleman* had been a surgeon of Guy's Hospital *three years*.—ED. L.

## LONDON HOSPITAL.

### COMPOUND FRACTURE OF THE TIBIA—DELIRIUM TREMENS—DEATH.

June 29. Charles Morris, ætat. 37, a stout muscular man, was brought into Mellish's Ward, under the care of Mr. John Scott, with compound fracture of the tibia. The accident happened in jumping from a cabriolet which he was driving; the horse took fright, the reins broke, and in attempting to get out, the step of the cab caught his leg, and drove in the tibia, the fibula remaining entire. There was a lacerated wound of the integuments, three or four inches in length, in the course of the fracture, which was a little above the malleolus. The periosteum was denuded, and a small portion of bone was removed; there was considerable hemorrhage from two small superficial arteries, which were secured, and likewise from the fractured ends of the bone. The leg was placed on a splint, and slightly bent on the thigh; the wound was brought together with adhesive plaster, forty drops of the *tincture of opium* were given, and the *spirit and lime-water lotion* was ordered to be constantly applied. There was more bleeding during the night, which was arrested by pressure over the wound.

30. Has passed a restless night; pulse quick but soft; countenance anxious; slight hemorrhage through the bandages; the drops were repeated this morning, and are to be given to-night if requisite.

July 1. Passed a rather better night; pulse the same as yesterday; bowels not open; tongue white; the bleeding very slight. The opium was given twice during the day, on account of slight symptoms of delirium tremens.

2. Slept well during the night; bowels acted on twice; pulse soft; no bleeding; the wound has rather an unhealthy appearance, and the leg is considerably swelled and tender. A *linseed-meal poultice* to be applied. To take ten drops of *tincture of opium*, with five grains of the *carbonate of ammonia*, in *camphor mixture*, three times a day. The drops to be continued at night. One of the ligatures came away to-day.

3. Passed a good night, and has had sleep at several periods during the day. Pulse rather quick; bowels relaxed during the night; the leg much inflamed and swelled. The *saline mixture* to be given, with five drops of the *tincture of opium*, three times a day. Twelve leeches to be applied, and the poultice continued.

4. Bowels open; pulse quick; skin hot; tongue dry and furred; the wound has a very unhealthy appearance, and the leg is more inflamed to-day. Twelve leeches to be applied. To take sixty drops of *opium* at bed-time. The *saline mixture*, with ten drops of the *tincture of opium*, every six hours. Porter two pints, and beef-tea a pint. About nine o'clock this evening he was attacked with symptoms of delirium tremens, and made several attempts to get out of bed. He became much worse, disturbed the other patients, was removed to a separate ward, and was obliged to have a strait-jacket put on. Pulse full and rapid; breathing difficult, and profuse perspiration. *Tincture of opium* one drachm and a half every five hours. *Spirit lotion* to be constantly applied to the head. Early in the morning the leg was put in a foot-board, and some *opium*, with *brandy*, was given. The brandy and opium procured little rest.

5. Much the same; pulse quick; skin hot; had about two hours sleep during the morning. Mr. Scott saw him in the afternoon, when he appeared more tranquil. *Muriate of morphia* one grain,—*muriatic acid* two drops, in an ounce of *camphor mixture*, to be given every hour. Eight ounces of *brandy* to be given in the four-and-twenty hours. Mr. Scott remarked, that he preferred giving the morphia in the liquid form, as he did not conceive it to be productive of the same benefit when given in the crude state. Five doses of the morphia were given during the evening.

6. Slept occasionally during the night; taking only three doses. About six o'clock he became more irritable, and frequently attempted to get out of bed. Another dose, with some brandy, was given. He took a little breakfast, but is quite delirious, dosing at intervals during the day. About twelve o'clock he rapidly got worse; another dose of brandy and morphia was given, but he gradually sank till four o'clock, when he expired, having taken altogether ten grains of morphia and tweve ounces of brandy.

*Post-mortem Examination.*—The head and neck much swelled. The veins and sinuses of the brain were considerably gorged with blood. Under the left parietal bone there was extensive extravasation. No fluid was found beneath the dura mater. On account of his friends waiting outside the depository, no further examination took place. The leg was in a state of gangrene, and contained a quantity of fetid matter.

### DISEASE OF THE KNEE-JOINT—AMPUTATION—DEATH.

June 20. John Hart, a weak, emaciated man, aged 54, admitted into Mellish's Ward, under the care of Mr. Andrews.

The injury he received had arisen from his being thrown from a cart, and hurting his knee. It was getting better under the care of a surgeon in the country till three weeks after the accident, when, as he states, he "caught cold in the joint," which then began to enlarge rapidly, and subsequently discharged matter from several abscesses which formed about the knee. There are now several sinuses, which discharge a quantity of purulent fluid. The joint is much enlarged, and allows of unusual motion. Pulse weak, and countenance pale.

Mr. Andrews advised the removal of the limb, as there was no doubt of the abscesses communicating with the joint. A *poultice* to be applied over the knee, and the *decoction of bark*, with the tincture and powder, to be taken three times a day. A pint of *porter* and eight ounces of *wine* daily. Twenty-five drops of the *tincture of opium* at bed-time.

24. Strength and appetite improved; medicines to be continued.

27. Continues to improve; a quantity of matter discharged from the knee, apparently mixed with synovial fluid. The swelling diminished. Continue the medicines.

July 1. Going on favourably; appetite improved.

3. Bowels relaxed; the leg continues much in the same state. Chalk mixture, with aromatic confection, to be taken after each motion.

4. Bowels regular. Mr. Andrews performed the operation to-day by the circular incision. The femoral artery and vein were secured with a needle and ligature immediately on cutting through them. There was little blood lost during the operation, which lasted eighteen minutes.* The muscles had an unhealthy appearance, and the femoral artery was partially ossified. Twelve ligatures were applied. 40 drops of opium to be given directly; the wine and porter to be continued, but the bark omitted. Milk diet with rice pudding, not being able to eat the meat.

5. Has passed a good night, occasionally experiencing a little pain in the stump; pulse full and soft; tongue slightly furred; bowels not open; appetite good. Takes the wine and porter.

6. Has passed an indifferent night, not having the least inclination to sleep. At five o'clock this morning, took a dose of *castor oil*, which acted on his bowels for the first time since the operation. Appetite bad, but in little pain. The *decoction of bark*, with the powder and tincture, to be repeated. Forty drops of *opium* to be given at bed-time.

7. Slept well during the night; bowels open; skin moist, and pulse good. A sanious discharge through the bandages.

8. Passed a bad night; extremely low; pulse weak, and skin hot; bowels regular. The stump was dressed to-day, but little union had taken place. The porter to be discontinued, and a pint of *wine* ordered. Continue the *bark*.

9. This morning bowels not open; pulse feeble, oppressed, and rapid. The patient is not delirious, but lies inattentive to all surrounding objects; tongue white. At ten o'clock the stump was dressed; it had an unhealthy appearance, discharging a quantity of offensive matter; no ligatures came away. Appeared to suffer much from the pain in dressing. Has not taken anything to-day but a little wine, which was given him in a teaspoon. An *enema* of castor oil and gruel was administered, which operated on the bowels.

Evening, nine o'clock. Is gradually sinking, evincing more pain since the stump was dressed. Pulse scarcely perceptible; profuse perspiration; breathing excessively oppressed. A little brandy was ordered to be given, but he was unable to swallow. He appeared to rally during the night, but again relapsed; and died next morning at eight o'clock.

* That is, from the first incision until his removal to bed.

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INJURY TO THE ABDOMEN.

July 1. John Richmond, æt. 35, of spare habit, was brought into this hospital on Monday afternoon about three o'clock, and was admitted into Mellish's ward under the care of Mr. John Scott, for a severe injury he had received while employed in St. Catherine's Dock, from the falling of a puncheon of rum obliquely on the abdomen. On admission his pulse was weak and his countenance pale; complained of great pain over the whole of the abdomen on reaction taking place. Twelve *leeches* to be applied and a dose of *house medicine* to be given directly.

2. Bowels opened during the night; pulse quicker than yesterday; tongue slightly furred; pain and tenderness increased, more particularly over the region of the liver; respiration difficult. Twenty leeches to be applied over the abdomen, and fomentations afterwards. Two grains of *calomel* every two hours. Bowels not open to-day; some house medicine was ordered. In the evening pain very much increased; pulse 100 and full; skin hot. Was bled to 16 ounces; 20 more *leeches*, and *fomentations* continued.

3. The pain much less than yesterday;

pulse quick and strong; tongue foul; bowels not opened. To take a dose of *cathartic mixture* every four hours till the bowels are relaxed. Eighteen *leeches* to be applied, and the *calomel* continued.

4. Has had a good night; bowels been well opened during the morning; pulse regular; skin moist; tongue cleaner; the pain upon pressure much decreased. The *calomel* and *leeches* to be repeated.

5. Much better, having had some refreshing sleep; tongue white and slightly furred; pulse soft, open, and easily compressible; skin moist; bowels been acted on five times during the morning. Mr. Scott observed that the purging should not be checked. Slightly under the influence of mercury. *Calomel* every six hours.

6. Considerably better; has had a good night; pulse good and tongue clean; bowels still relaxed. Continue the medicine.

7. Better; bowels open; continue as before.

8. Improving; scarcely any pain in the abdomen. *Calomel* every eight hours.

9. Continues mending; no tenderness upon pressure; pulse full and soft. Omit the calomel. To take the *saline mixture* three times a day.

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FRACTURE OF THE RIBS.

July 1. —— Welch, a stout Irishman, aged 35, admitted under the care of Mr. J. Scott, with fracture of the ribs on the left side. On the preceding day whilst going to be shaved, he slipped down-stairs, from accidentally stepping on a piece of orange-peel. He felt considerable pain at the time, but thought his side was merely bruised. On his admission crepitation of the fourth and fifth ribs was distinctly felt. His respiration was difficult; pulse quick and hard; skin hot. He was bled to twenty ounces, and ordered two grains of *calomel* every two hours. A dose of *senna* and *salts* to be given immediately. On account of his breathing not being relieved when the dresser went round the house, he was *again bled* to sixteen ounces. The ribs were bandaged with a flannel rolier.

2. Not so well; breathing more difficult, and suffering much pain upon inspiration; bowels not open; tongue foul; a full quick pulse. Two grains of *calomel*, with a quarter of a grain of *tartarized antimony* every two hours. To be bled to sixteen ounces, and have a dose of house medicine every two hours till the bowels are freely acted on.

3. Passed a good night; breathing easier; pulse 96; tongue moist. To take the *calomel* and *antimony* every six hours.

4. Much purged during the night; pulse quick and weak; tongue dry; no appetite. To leave off the calomel and antimony, and take the *chalk mixture*, with *aromatic confection*, and five drops of the *tincture of opium*, after each relaxed motion.

5. Much better; pulse good; bowels open; skin moist. Omit the chalk mixture. The bandage having slipped, it was ordered to be reapplied.

6. Has had a good night; breathing with little inconvenience; pulse soft; bowels not opened.

7. Still continues to mend; bowels acted on once during the day; slight pain on coughing.

8 and 9. Considerably better, but still under the influence of mercury; bowels open; pulse good; skin moist; tongue white. To take the *saline mixture* every six hours.

10. Continues to improve; repeat the mixture.

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CRUSHING OF THE CHEST.

Mrs. Barnes, aged 35, the mother of five children, was admitted into Mary's ward about half-past ten, on the evening of the 5th inst., under the care of Sir W. Blizard. While crossing Osborn-street, Whitechapel, she was knocked down by a stage returning from Fairlop fair, the fore-wheel passing over the chest, from the right to the left side. On her admission, she was labouring under very great difficulty of breathing; countenance pale and anxious; lips of a livid hue; pulse weak and very irregular. On examining the chest there was found to be extensive fracture of the ribs on each side. The sternum appeared to be fractured near its centre, and there was emphysema of the right side. About an hour after her admission, slight reaction took place, but the evil symptoms all returned, and she gradually sank, dying three hours after admission. A small quantity of brandy was administered.

On examining the body sixteen hours after death, the five superior ribs were found to be fractured near their centres, and the cartilages of the third, fourth, and fifth of the same side were also broken. On the right side, the eight upper ribs were fractured in two places, near their junction with the cartilages. There was an oblique fracture of the sternum near its middle, and dislocation of the sternal extremity of the right clavicle. There were several wounds of the right lung. Considerable emphysema, and a quantity of bloody serum existed in the cavity of the thorax. She was about five or six months advanced in pregnancy.

### BLEEDING WITH A VENGEANCE.

Thomas Clayer, ætat. 49, musician, admitted under the care of Sir W. Blizard, on the 5th of July, states, that while crossing Whitechapel Road, he was knocked down by a horse and chaise, the wheel passing over his chest (from the right to the left side). On examination, three of the ribs on the right side were found to be fractured near their middle, accompanied with extensive emphysema, great pain, and difficulty of breathing; countenance pallid, pulse rather quick and full. *Bled* to sixteen ounces; a dose of *cathartic mixture* to be given directly. A bandage was applied round the chest by Mr. Barnet, one of the house-dressers, from the application of which he experienced great relief; but Mr. B. being informed by his colleague (Mr. Watkins) that Sir William had "a particular aversion to bandages" in these cases, it was removed, and the sour wash was applied in its stead.*

6. Pain and symptoms increased. *Bled* to twenty ounces. Appears to be relieved from the last bleeding. On Sir W. Blizard going round, he said that the house-dresser had acted very judiciously in bleeding, and likewise in evacuating the bowels, which latter, he observed, "was the chief thing to "be observed in the treatment of fractured "ribs, as it allowed of the easy descent of "the diaphragm, by which alone in these "cases respiration should be carried on." To be *bled* to twenty ounces, and have the *saline mixture*, with *tartarized antimony*, three times a day.

7. Feels pain in the side on making a deep inspiration; tongue moist, and slightly furred at the back part; emphysema rather less; pulse weak. Mr. Luke, on seeing him, ordered twenty *leeches* to be applied to the side. Continue the lotion and mixture.

8. Better. Complains of weakness. Obtained but little rest last night. Thirty drops of *Battley's solution* to be given at bed-time. Continue the mixture and wash.

9. Improving, but weak; remedies continued.

10. A little difficulty in breathing; pulse easily compressible; countenance pallid; tongue white; bowels relaxed; slept better since the administration of the opium. Sir William again ordered him to be *bled*, observing that a free use of the *lancet* was necessary in this case. (We act upon Sir William's suggestion, and give the case the fullest benefit THE LANCET can afford it. Few men need this remedy, however, more urgently than the Knight himself, and in this instance he has meted the unfortunate patient's corn out of his own bushel.) The Knight remained during the operation to see a *sufficient quantity* taken. *Thirty ounces were abstracted!* The saline mixture, with antimony, discontinued.

11. Complains of excessive debility; pulse weak; bowels open. Sir William, on seeing the blood which was abstracted yesterday, remarked, with a peculiar shrug of the shoulders natural to him, poking his nose at the same time into the basin,* "It puts on a buffy appearance." To be *bled* once more to twenty ounces; lotion continued, and a blister to be applied to the sternum.

12. No pain; pulse soft and very weak; tongue blanched; countenance pale. The patient observes that he is perfectly easy, but *dreadfully weak*. (No wonder.) Twenty *leeches* to be applied to the side, and the bowels to be kept open with *house medicine*.

14. Has slept badly during the night; pulse extremely weak; tongue white. Continue the cathartic medicine.

16. Much the same; emphysema greatly diminished; bowels confined. Repeat the mixture.

* We are astonished that these gentlemen should be thus induced to remove an application from which so much benefit was derived, merely for the sake of enjoying for one moment the praises of the Knight.—*Rep.*

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### COMPLAINT FROM THE OPERATION THEATRE.

*To the Editor of* THE LANCET.

SIR,—The pupils of the London Hospital think it right to hint to a certain apothecary, that his intrusion between them and the patients during operations is extremely unpleasant to the pupils, who are not aware that he is mentioned on the board placed in the theatre as being privileged to remain in the area on those occasions. It is also wished that he would not interfere with the surgical cases, when they are under the direction of the dressers.

I am, Sir, your obedient servant,

Z. Z.

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## ST. BARTHOLOMEW'S HOSPITAL.

### PHLEGMONOUS ERYSIPELAS.

RICHARD BRACKIN, aged 42, a farrier, was admitted June 27th, into Henry the Eighth's ward, under the care of Mr. Lawrence. His countenance pale and haggard; body thin and debilitated; pulse

* Sir William is obliged to use his nasal protuberance on these occasions, for he is as blind as a BAT.

quick but without power; the whole of the integuments of the left foot and leg were affected with violent erysipelatous inflammation; tense and painful to the touch. He states that it commenced suddenly two days ago in the foot, and rapidly extended up the leg. He was ordered, from his weak state, port wine, eight ounces, with mutton chops.

28. Feels somewhat stronger; pulse 90, rather full; complains of much pain in the leg, which is more swollen, and assumes a brownish red appearance; sense of fluctuation on the dorsum of the foot. An incision was made eight inches in length in that situation, which was followed by a great discharge of pus mixed with blood, and gave immediate relief. Ordered a dose of house medicine. The limb to be enveloped in a poultice.

30. There is less pain and swelling; a considerable discharge takes place from the wound. Two smaller incisions were made on the anterior surface of the leg. Red lines are observed extending up the thigh in the course of the absorbents; the patient's strength improving. Continue the poultice.

July 3. Altogether much improved; leg paler, and less tumid and painful.

6. There is still much discharge; several small abscesses have been punctured near the ancle; the patient's health continues mending. The poultices to be continued. Nourishing diet.

10. Going on well.

### LITHOTOMY.

July 6. William Pentwood, aged 40, a farmer, with a florid complexion, was admitted into the hospital, to be relieved from a calculus, which he stated had been a source of pain and uneasiness for four years past. This case was at first intended to have been placed in the hands of Baron Heurteloup for the lithotriptic operation; but in consequence of the stone, having been in a kind of pouch near the neck of the bladder, it was deemed unfavourable, and the lateral operation was decided upon, which Mr. Earle performed to-day. There was some difficulty in extracting the stone, occasioned by its size and shape, being a flattened oval nearly as large as a crown-piece, and weighing between three and four ounces. The operation lasted eight minutes. July 9th. Doing well; not a bad symptom.

Charles Waller, ætat. seven years, was then laid on the table. This patient had been in the hospital for some time. He had passed water mixed with blood and loaded with mucus attended at first with symptoms denoting great irritability of the bladder. He has been under medical treatment, and having become somewhat quicter, it was deemed advisable to extract the stone, as the child was delicate and his health suffering. Mr. Earle again took the knife, and performed the operation in a dexterous manner, removing a rough stone about the size of a hazel-nut.

July 9. Feverish and rather restless, otherwise going on favourably.

### RETRACTION OF THE LIP.

Mr. Lloyd then proceeded to operate on a boy's lower lip, which had become drawn down by a cicatrix on the chin and lower part of the face from a burn. The boy wished to have the deformity remedied, as he was unable to retain his saliva, which constantly dribbled from his mouth. A slice of the substance of the lip was removed from the inside, and then a small piece was taken out from the centre, and the operation concluded similarly to that for hare-lip, which had the effect of removing the appearance of deformity.

Mr. Skey then removed a malignant tumour from the back of a female.

### CASES OF FEVER.

Case 1.—Thomas Cattermole, aged 21, a chair-maker, was admitted into John's Ward, under Dr. Latham's care, March 28, exhibiting the following symptoms:—Countenance flushed; coughing at times without expectoration, which gives him pain in the head; tongue dry, brown, and chapped in the centre; red at the edges; face red and swollen; mouth clammy, and clogged with a tenacious mucus; pulse 120, feeble; skin hot, with a mottled appearance, but without any distinct rash; pain in the forehead; some confusion of manner; has but little sleep; loud ronchus behind, on both sides of the chest; no appetite; great thirst; abdomen soft, but painful on pressure, principally in the epigastric region; had one stool yesterday. States that on the 21st, after exposure to wet, he was seized with shivering, followed by heat, after which his present symptoms came on. Has had neither diarrhœa nor vomiting. Ordered cupping on the temples to six ounces. Low diet.

29. Countenance less flushed; less pain in the head; tongue less red at the edges, with moist, whitish fur in the centre; tonsils and palate less red, but still covered with a tenacious mucus; frequent coughing, with pain in the trachea; no evacuations from the bowels; abdomen full and tympanitic, painful on pressure; pulse 112, with power. Ordered *a dose of castor oil* to be taken immediately; *eight leeches* to be applied to the epigastrium, if necessary.

Evening. Pain in epigastric region still continuing, after the bowels had been freely opened, the leeches were applied.

30. Slept well last night; has had four stools since taking the castor oil; tongue dry and brown; abdomen less painful on pressure; pulse 110, with increased force.

April 1. Muttering and talking during the night; expresses himself to be free from pain everywhere; complains chiefly of hoarseness; quantity of mucus still about the palate and tonsils; tongue dry, but paler; pulse 92, with power; skin natural; one solid evacuation only during the last two days. Ordered *calomel* gr. j; *antimonial powder* gr. ij immediately, and to be repeated after four hours.

2. Passed a quiet night; fauces less red, not clogged with mucus; tongue clean at the point and edges; less fur in the centre; pulse 88, with power. Had two liquid stools. Repeat the *calomel*, with *antimony*, to two doses.

3. Has had two stools; one natural, but scybalous; aspect much improved; pulse 74; tongue loaded in the centre.

4. General appearance still improving, bowels frequently purged; stools watery; no pain anywhere; tongue still moist, and getting clean; no return of appetite.

5. Pulse 74. All other circumstances the same. *Mercury with chalk* gr. ijss every six hours.

6. Tongue a little cleaner; appetite for solid food returning.

8. Still a little hoarseness remaining. Going on well in other respects, but tongue still white. Had four evacuations last night, watery. Omit the mercury with chalk.

10. Gums slightly sore; tongue less furred; had one solid evacuation last night.

22. Has been gaining strength this last fortnight. Feels perfectly well, but rather weak. Discharged cured.

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Case 2.—Thomas Smith, aged 7, admitted June 8th. Countenance pale; tongue white and dry; pulse 110; skin natural; no pain in the head; slight cough; abdomen full, and rather impatient of pressure; appetite diminished; thirsty; bowels purged, motions liquid and green. Has not passed any urine during the last twenty-four hours. States that on Monday, June 3, he was suddenly seized with cold and shivering. He vomited, and his bowels were purged, and have continued so up to this time with loss of appetite. Ordered a *warm-bath*, and *six leeches* to be applied to the abdomen. *Mercury with chalk* ijss grs. every six hours. Low diet.

9. Made water freely while in the bath; was rest'ess during the night; has had four watery bilious stools; tongue moist and furred; abdomen still full. Continue *mercury with chalk*.

10. Slept well last night; tongue loaded with fur; pulse 110; motions more solid and natural; skin cool. Ordered to leave off the mercury with chalk.

12. Bowels not open for two days; abdomen full. Ordered *castor oil* half an ounce.

13. Bowels open from castor oil; motions solid and natural; tongue quite clear; appetite for solid food returned.

15. Appears quite recovered. Discharged.

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Case 3.—Slannard Chant, a porter at an inn, admitted with a countenance heavy and flushed; skin hot and dry; occasional chills and perspirations; tongue moist, loaded with thick fur, tip red and papulated; pulse strong, rather hard; pain in the loins and all the limbs; pain in the forehead; vertigo and ringing in the ears; no cough; great thirst, accompanied with loss of appetite and nausea; no pain or tenderness in the abdomen; bowels opened by medicine only; urine high-coloured. States that twelve days ago (being before in perfect health) he had a rigor, followed by heat and by pain in the head and limbs. These symptoms have continued ever since. Did not desist from working as usual until yesterday, when he became worse in all respects. Took purgative medicine yesterday, previous to which his bowels had not been opened for several days. Ordered *cupping* on the temples to eight ounces; *calomel* grs. v immediately; *castor oil* one ounce four hours after.

5. No pain remaining in the head; passed an almost sleepless night; evacuations scanty and watery, otherwise natural; aspect improved; pulse 76, full, and rather hard; tongue moist, still loaded in the centre; skin warm, slight perspiration. Ordered an *effervescing draught* to be taken occasionally.

6. Better generally; no pain in the head; no watery evacuations; countenance at times flushed; passed a comfortable night; pulse 80, more soft; fur on tongue diminishing. Ordered to leave off the draught; take *mercury with chalk* iij grs. every six hours.

8. Had some sleep during the last two nights; is free from pain; had some chilliness yesterday morning, followed by perspiration; pulse 80, tongue moist, fur gradually disappearing had two watery stools yesterday.

10. Countenance clear; stools natural; appetite returned. Discharged.

[The above cases of *fever* have been inserted with a view to furnish the reader with specimens of the "*fever cases*" which are admitted here in general.]

## WESTMINSTER HOSPITAL.

### ABORTIVE NECROSIS.—AMPUTATION.

Samuel Farmer was admitted under Mr. White, into Percy Ward, on June 5th, with a compound fracture of the tibia and fibula of the right leg. The solution of continuity took place at about two-thirds down the leg from the knee, and was occasioned by a slight shock. The patient was coming down-stairs, when a stumble, without any fall, produced the injury, and he was immediately brought to the hospital. He had been a soldier, and had served in Hindostan in 1805 and 1806; he also served at the Cape of Good Hope, in the Mauritius, and in Java. He was fortunate enough to escape from all fevers incidental to those countries, and from wounds of every description, until 1811, when in a fight with the natives in Java, he received a severe wound in the right leg, which penetrated into the tibia. He does not know with what instrument it was inflicted, or whether the weapon was poisoned or not. He was in the hospital at Bencoolen for eighteen months, but the sore could not be got to heal. He returned to England, and was admitted into the York Hospital in 1813. He was thence discharged as incurable soon after. In 1815 he served as an invalid in the Veteran Battalions for six months. In 1817 the wound healed spontaneously, and remained well till 1827, when it broke out without any fresh provocation, and several pieces of bone exfoliated. The surface of the original sore became covered with a horny growth resembling an ordinary scab in appearance, but much more tough and tenacious. The disease continued in this state, with scarcely any variation, till the occurrence of the accident. This easy fragility is attributed by the medical attendant to a degeneration of the structure of the bones of the leg.

June 15. The man is laid on his back, and the affected limb is straight, being supported on either side by bran-cylinder bolsters. The scab is just six inches long, and presents a very rough uneven surface, and in the middle there is a great gap in the tibia, produced by exfoliation. On the lower part of the skin are to be found cicatrices of former exfoliations. The patient's general health has always been good. Pulse rather feeble. At the bottom of the fissure in the tibia, a pulsation is distinctly visible. He is placed on middle diet.

19. He is placed on full diet. The odour of the discharge is offensive; granulations of a more healthy aspect are just perceptible at the fractured extremities. The upper points of the fingers are dry and dark-coloured. Carrot poultice continually applied.

30. No signs of union between the broken surfaces. The man's general health is still unimpaired. This day Mr. White observed, "that if no improvement should take place before next Saturday, the limb should be amputated."

July 6. Mr. White had the patient brought in to the operation theatre to be examined by his colleagues Mr. Lynn and Sir Anthony Carlisle. These surgeons were unanimous in their opinion against amputation. An operation, however, was determined upon, and its plan and design thus explained by Sir Anthony. "I would advise you, Mr. White, to cut off this fungus, or rather incrustation or scab, from the healthy bone beneath, and to amputate the extremities of the broken tibia, and then bring them in contact, when, it is highly probable, union will take place between the surfaces, and the entire sore cicatrise." The Knight's colleagues concurred with him, but the patient demurred, and insisted upon having the limb taken off. He said he had suffered for years with it, and he believed it was perfectly incurable. The patient was allowed to be the best judge in his own case.

The patient being properly placed on the table, and the artery secured with a tourniquet, it became a question as to where and how the division should be made. The diseased part approached within three or four inches of the tuber tibiæ, and was altogether about the size of the expanded hand. Mr. White decided on forming a flap from the calf of the leg where the muscles were least shrunken. With this view he made two straight incisions downwards to the length of two inches, one on the inner side of the head of the tibia, and the other from the head of the fibula; an elliptical incision was then made between the inferior commissures of the two previous cuts, through the muscular mass constituting the calf. A straight cut was then made across the front of the leg, between the upper extremities of the two incisions first described. The soft parts were now completely divided. The saw soon finished the business. The bone was found to be soft and remarkably cancellous; the tibia was divided within half an inch of the ligamen-

tum patellæ. Considerable difficulty was experienced in stanching the hemorrhage, the arteries having retracted very much. In this instance it was the prevalent opinion, that the popliteal artery was divided above its bifurcation. Both the common tenaculum and that of Assalini were found ineffectual, and the arteries were only secured in the following manner. After several vain attempts, a curved needle, armed with a ligature, was passed deep into the flesh from whence the hemorrhage prevailed, and the ligature drawn in its train. The needle was then passed equally deep into the muscles, a little distance from the first ligature, and the ends of the thread were wound under the extremities of the needle, so as to include a large portion of flesh within its circuit. Upon being drawn tight, the bleeding arterial extremities were found included within its grasp, and the hemorrhage was effectually stopped.

Mr. White said that this case exemplified the *ordinary difficulties of surgery*, a knowledge of which was of far more importance to the practitioner, generally speaking, than an acquaintance with the mode of performing flashy operations which did not occur in the practice of *one* surgeon in a *thousand*. Sir Anthony remarked, that nothing could be more different than the anatomy of the schools, and the practical anatomy necessary to successful surgery, which nothing but experience could teach. Mr. Lynn said he had performed amputation so high up that he had been obliged to take off half the insertion of the ligamentum patellæ; he left on, however, a sufficient attachment to enable the extensor muscles to command the stump. In some instances he had divided the common popliteal artery before its bifurcation. In all his cases of this description he had uniformly been fortunate.

On inspection of the amputated limb, the bone was found softer and more cancellous than natural. The fungous growth which surmounted the sore when incised, proved to be callus, and it was evidently an abortive attempt of nature to form a necrotic shaft. The two ends moved easily on each other. Mr. Walsh, the curator, was desired to form a preparation of it, for though nothing particularly novel was discoverable in it, it would form a necessary item in a complete museum.

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### TYPHOID ERYSIPELAS.—COMA.—SPHACELUS.—DEATH.

George Beasly, ætat. 35, a stout, large-limbed man, whose occupation is that of a bricklayer, received a contusion on the skin of the left leg in the beginning of May last past. The skin was abraded. Poultices were constantly applied, but the part became inflamed and very painful. The man, notwithstanding, stuck close to his employment until his health was seriously affected. He had pain across the brows; no sleep; burning pain in the limb; loss of appetite; and pungent heat of skin. In this condition he was admitted on 11th June, under Mr. White.

13. The leg and thigh of the affected side are much tumefied, a large sloughy ulcer is visible on the inner side of the shin, surrounded by an undefined purple areola. The whole of the lower limb is erysipelatous, and the foot swollen with œdema. The erysipelas extends up on the mesial aspect of the thigh, and involves the scrotum and pubes. It then stretches completely over and around the trunk and abdomen, presenting here merely the erythematous blush without any tumefaction. There are several vesications on the thigh and leg, and the scrotum is completely denuded of cuticle. The face is sunken, and the countenance anxious; the eyes are glairy, and the conjunctivæ embossed with injected vessels. The margins of the tarse have, consequently, a red appearance, and between the lids is a considerable quantity of inspissated mucus. The eyes are occasionally upturned, and the lids half closed, as in the coma of typhus fever. This state, however, is but momentary, being succeeded by a restless, wandering, incoherent expression. The tongue and interior of the mouth and fauces are of a crimson colour and dry; the gums and lips are marked with sordes. A frequent hiccup annoys the patient. His skin is arid and hot, but the extremities are cold. The bowels are open and the stools offensive; the urine is scanty and high-coloured; pulse 108, feeble.

He has been freely supplied with brandy, wine, and beef-tea, and a mixture of bark and ammonia.

15. He has slept indifferently during the last two nights. This morning the face is livid, and generally comatose, but occasionally beams with intelligence. The pulse 102, regular, but very feeble. The affected leg is mottled with purple spots, and the ulcerous surfaces are coated with a deep slough; there is a slight secretion of laudable pus. The bladder becoming paralytic, a large quantity of urine, not at all ammoniacal, was last night drawn off by Mr. Herbert Finch. The stools are considered to be of better quality. The tongue and interior of the mouth are of a darker hue, but a little moisture is perceptible around the margin of the tongue

He was seen this afternoon by Mr. White, who considered the symptoms to be rather favourable. Mr. White said, "that Dr. Fordyce, and other old physicians, were far from thinking coma an unfavourable circumstance in typhus fever, provided it was attended with a regular pulse and uniform temperature; for the comatose state prevents the waste of nervous energy which is apt to take place from delirium, restlessness, and watchfulness. In this man's case the coma is not lethargic; the pulse, though feeble, is regular; the under surface of the tongue is moist; the pus secreted from the sore is healthy; and the temperature also is pretty equal. From all these facts, I am inclined to prognosticate favourably of the result" The following mixture was then prescribed:—

*Take of Battley's sedative solution*, 20 minims;
*Aromatic confection*, half a drachm;
*Cinnamon water*, one ounce.

Mix, and form a draught, to be taken every four hours.

Soon after Mr. White's visit, the patient's pulse became 140, feeble, and irregular. The temperature of the surface fell, and all the vital functions gradually grew less and less strenuous. Delirium became constant, and the patient expired about three o'clock a.m. on the 16th. On turning the body, an extensive sphacelus was discovered on the nates.

The post-mortem scrutiny was made next day. The erythema had invested the entire trunk; black sphacelated spots were spread over the left leg and thigh. The sloughs extended into the aponeurotic sheaths and the subjacent muscles; a thick tenacious pus was diffused over the surface of the mortified parts. The brain and its meninges were much injected. Adhesions were detected between the pleura pulmonalis and its costal reflexion, but the structure of the lungs was healthful. In the abdomen, nothing was discovered but a preternatural firmness of the liver.

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### FINANCIAL AFFAIRS OF THE HOSPITAL.

For three years the subscribers to this charity have been kept in ignorance of its accounts, in consequence of the indifference or sloth of the self-appointed "Committee of Audit." This summer, however, these gentlemen have been induced to issue their financial ukase, according to which it appears that the Society are deeply in debt. The deficiency of income as compared with the expenditure is, for 1830, 106*l.* 7*s.* 1½*d.*; for 1831, 399*l.* 10*s.* 4*d.*; for 1832, 432*l.* 2*s.* 4*d.* There has been gross mismanagement somewhere, and this incumbrance has been placed on the shoulders of the directors, at a time when the funds of the institution are on the eve of being materially increased by the erection of a new and spacious building! The committee of management (fine *management!*) have plainly neglected all measures of economy. We have received several communications on this subject, one of which arraigns the culpability of the committee on the score of expense under the three following heads. Our correspondent says, "1st. They have unnecessarily increased the number of resident officers by the addition of a resident secretary and steward; an appointment worse than redundant, for in order to find him employment they lopped off portions from the duties of the other officers, which were sufficiently light before, and *thus* gave him a hotch-potch of occupation. The introduction of this official centaur into the hospital has produced continual collisions, a state of things which Dr. Roe happily and Hibernically pronounced to be "an admirable system of check and counter-check." The managers, in incurring this expense, have merely adorned with the title of "secretary," a clerk whose really important duties might all be equally well performed by any parish-boy in leather breeches. By simplifying the book-keeping, an active clerk and an honorary secretary would prove a much more effective and less expensive arrangement. Besides this expense, I find an item of 80*l.* paid to an accountant for elucidating the hospital accounts! He certainly had a terrible medley to wade through, but the worst is, that this person only added to the mess of figures already accumulated. The clinical assistant also, being at present a mere nominee of the physicians, ought to relieve the fund from the burden of his maintenance. Indeed many of the students would be glad to hold the office and pay for their board.—2ndly. The diets of the patients are much too expensive, and the extras exceed in profusion those of any other hospital in London. The visiting committee ought to rectify this error.—3rdly. The expenses of stationery and printing are exorbitant. Numerous items in the household arrangements might be lessened; and the surveyor's enormous bill being wantonly and uselessly incurred, ought to be severely taxed, or paid by the committee of management themselves."

Another correspondent says,—"no hope of amelioration exists whilst the building is in its present situation. The majority of the governors reside in the country or in distant parts of town, and are, therefore, prevented by distance or a dislike of the neighbourhood," (charitable gentlemen, if

so!) "from attending at the boards. A party, therefore, residing in the immediate vicinity, usurps an unfair and disproportionate influence over the affairs of the charity."

Government ought to appoint an inspector of hospitals for the metropolis.

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### ELECTION OF A CLINICAL CLERK AT THE WESTMINSTER HOSPITAL.

*To the Editor of* THE LANCET.

SIR,*—I feel pleasure in perceiving that my antagonist, no longer affecting the ermine, has resumed his proper garb, that of a special pleader. The *quasi*-editorial frown, in fact, could deceive none but the simple, whose votes are not worth seeking. On some grounds his communication has given me satisfaction, but it has also pained me; for he still, though more sparingly, indulges his propensity to misconception and misrepresentation. Some of his mistakes on this occasion are but repetitions of those before refuted; others are, so far as I know, new to THE LANCET. Allow me very briefly to notice the principal.

First, as to his table. I have inspected the register of physicians' pupils, and find that of a dozen entries, as given by "Legion," *six* at least are incorrect. For 1827 there is no entry; but Dr. Battle, I am assured by one of the physicians, was a physician's pupil. He paid no fee, indeed, more than many others. He was a refugee Spanish gentleman. In 1828 one gentleman—in 1830 two—one for 1831—and two for 1832—were physicians' pupils. At the Westminster Hospital, as at many other such charities, the apothecary is allowed by the physicians to enter two of his apprentices to the practice of the physicians without fee. Such were the five gentlemen last referred to. Of course they enjoyed the same rights and privileges as other physicians' pupils. Thus, "you perceive there were not *two*, but *eight*, physicians' pupils out of the twelve." As to the pseudo-comic account of Dr. Battle's professional progresses, I pass it over, leaving to the ingenuous and impartial reader to pronounce upon that escapade. The next point for remark, is his statement as to the opinion of the Committee of Referees. That Committee consisted mainly of two portions. 1. The treasurer and his friends, whom "Legion" has already denounced as "Jobbers," &c. 2. The umpires chosen by the physicians. The former then are the gentlemen who "Legion" informs us disapproved of Dr. Battle's pretensions. Thus the stained and blasted "caballers, jobbers," &c., of his *first* article, are in his *second* put forward as unexceptionable witnesses against the physicians, and the reader of THE LANCET is required on their evidence (how obtained does not appear; "surreptitiously," no doubt, if genuine) to believe that the physicians played "a reckless game of injustice," although, in addition to former calumnies on them, the committee-men, adherents of the treasury, are, in the very paragraph in question, declared cowards and traitors, being charged with acting from "fear," "contrary to their own conviction," and with "perpetrating a delinquency," "neglecting their duty," &c. &c. Surely this is blowing hot and cold at the same time, and is a strange way of escaping from the charge of apocryphal writing. What faith can we place then in the assertions of "Legion?" Very little I think, so long as we know prejudice to be blind, and arrogance to be rash, and pique spiteful, and enmity unjust, and partizanship unscrupulous. I am, Sir, your very obedient,

M.R.C.S.

Friday, July 12.

* We have abridged the introductory paragraphs of this communication. We took the same liberty with our other correspondent's letter. Controversial articles must be brief.—ED. L.

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*An Enemy to Humbug.* The publication of his sharp letter would subject us to an action for libel. This may appear strange, but it is, nevertheless, true.

*Chirurgus.* He can.

*Veritas* informs us that the worshipful apothecaries are about to admit to examination a chemist and druggist, who, at this time, is under prosecution by them for practising as an apothecary. They have, in short, "allowed him time to prepare,"—in other words to get the ten guineas, the receipt of which they prefer to a prosecution in which they may have to pay fifty. Should this really incompetent individual receive the license, we shall make the circumstance known to the profession.

*Æsculapius Medicinæ.* Crude opium in delirium tremens, and in locked-jaw, has been administered in ten-grain doses by some practitioners, but such doses are not given with propriety.

Communications received from Professor Sonnenberg—Mr. Hiley—Mr. Smithson—Baron Heurteloup—The sub-Editor of the Mag. of Nat. History—Mr Bradley—"Chirurgus" (Bradford)—"Sexagenarius"—Dr. Croly—"*A. B.*" (the sentence beginning "the briefest acknowledgment escaped our observation")—"Your obedient Servant" (N. Riding of Y.)—Messrs. J. and R. Warner—Mr. M'Millan—Mr. Lardner (two letters).

ERRATA.—Page 511, col. 2, line 57, *for* organs *read* signs.—Page 513, line 15, *for* secreted *read* secerned.

In Mr. Costello's paper, page 493, col. 2, line 12, *for* alimentary *read* eliminatory.